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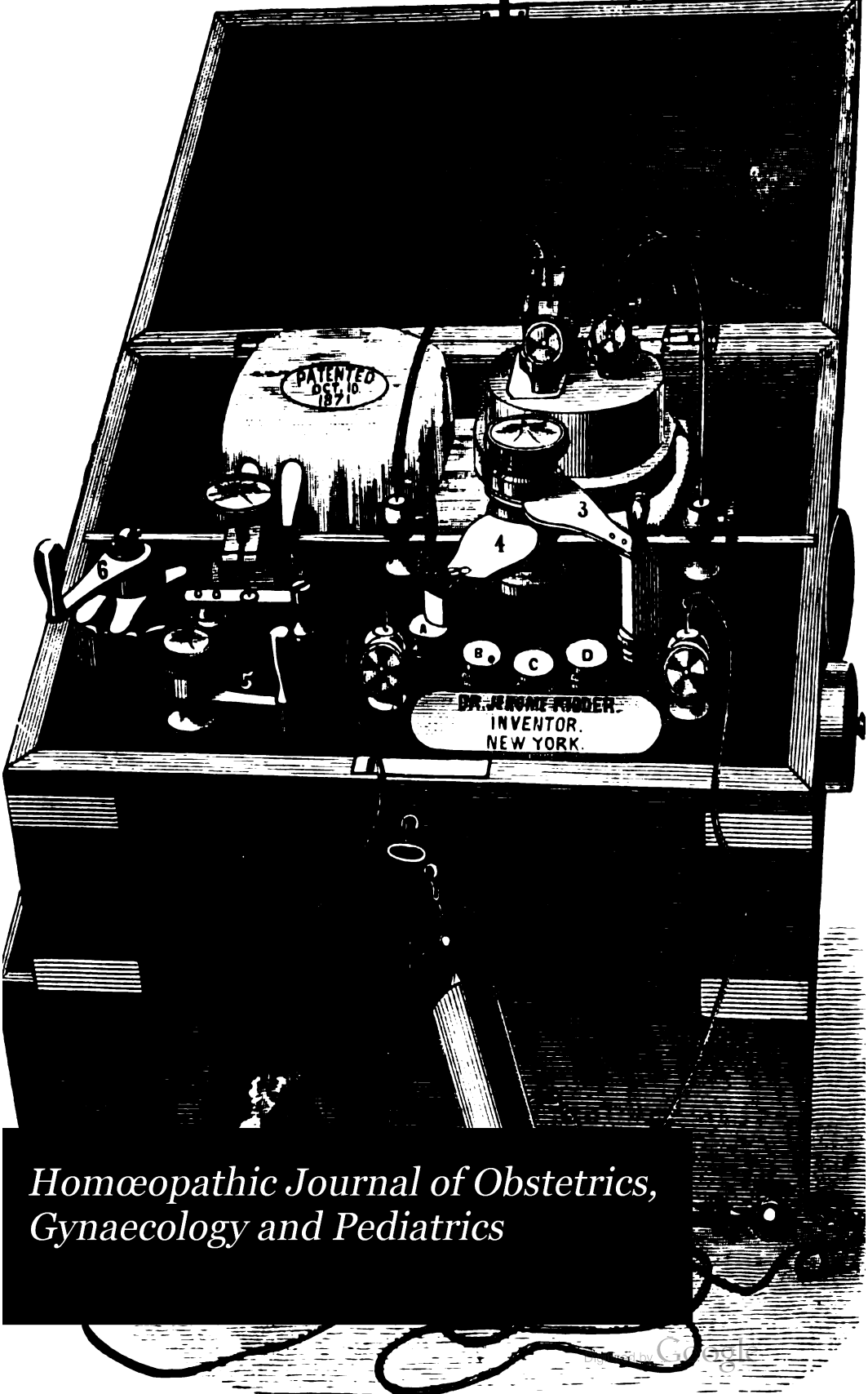
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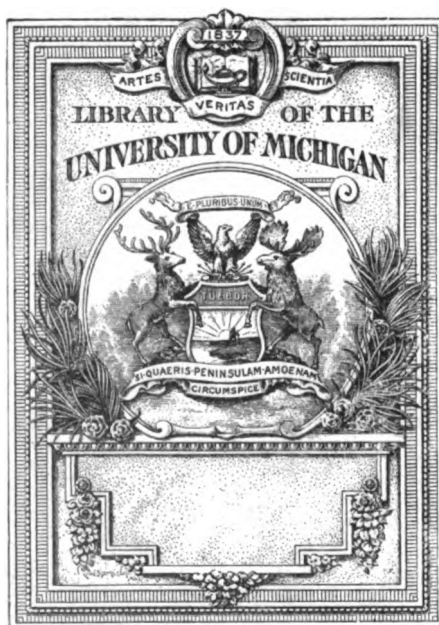
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HENRY MINTON, A.M., M.D.,

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VOL. II.

ORIGINAL COMMUNICATIONS.

***POSTURE AS A FACTOR IN THE CAUSE AND
CURE OF UTERINE DISEASE.**

[A paper read before the Illinois State Medical Association at Chicago, May
19th, 1880.]

BY JULIA HOLMES SMITH, M. D.

Lecturer on Diseases of Women and Children in the Chicago Homœopathic
College.

“Of the making of many books there is no end,” and verily, of no department of literature can this be said, with more truth than of Medical Science.

“If I find one new idea,” said a prominent practitioner to me one day *apropos* of a new work on gynæcology, “I am glad to pay the price of the book, but such a *quid pro quo* is rare to find.”

Sympathizing in this view of the subject of gynæcolo-

* Posture in Gynecic and Obstetric Practice. By J. H. Aveling, London, 1879.

gical literature, I was tempted to sing a "*Te Deum*," when Aveling's little book was sent me by Dr. E. M. Dale of Chicago.

Small, unpretentious, it is within the means of every physician, and is full of suggestions of great value as well to the general practitioner as to the specialist.

The author, J. H. Aveling, M.D., is physician to the Chelsea Hospital for Women. The subject of the book, "Posture in gynecic and obstetrical practice." The writer claims no intention to thrust upon the profession a new pathological theory of disease, or universal therapeutic method, but solely to point out the influence which posture has, for good or evil upon the female pelvic organs, and its importance in gynecic and obstetric medicine. The author claim "posture to be such a potent causative and curative agent in disease, that no one can attain great success in any branch of the healing art, who does not recognize position as capable of originating or intensifying morbid conditions, and as having the power to act as an important ally in combating the various disorders which daily confront him."

"Doctor what is the reason for this state of things?" is a question each one of us has heard from a patient, or a near friend, when the report has been given after careful examination of congestion, inflammation, hyperæmia of the generative organs, etc., etc., and one often finds it difficult to answer the inquirer. Errors in dress, late hours, excessive dancing, riding and other imprudences, accidents which occur at critical periods both in married and single states, constitutional and specific causes, may account for many of them. Aveling claims that there still remains a large number, the source of which must be referred purely to posture. There are two important anatomical facts relating to the female generative organs, which must always be borne in mind, their mobility and vascularity; and it is found that the

more largely a part is supplied with blood-vessels, the more easily it is displaced, and the more likely it is to be under the control of, and influenced by gravitation, *ubi stimulus ubi fluxus* is of no part of the body so true, as of the womb and the parts annexed to it. At every step in the process of reproduction, ovulation, nidation and pregnancy, fluxion to a marked degree occurs, lasting for days and months, and in these frequent determinations of blood to the sexual organs, it requires very little encouragement to make them pass the line between physiological and pathological conditions.

Of the various postures which are assumed naturally by women, how soon they are fatigued in any one position! Erect standing posture for instance, is one of the most abnormal positions which a woman can retain for any length of time, or in fact, any human being. The erect posture is essentially one of action. If the muscles are kept in motion, if the blood is kept in circulation an erect posture may be continued for some hours without fatigue; but if a healthy person, even, is required to stand for one hour, and the muscular system be unemployed, the weariness is intense, and the observer will notice the effort nature makes to relieve herself by the shifting first upon one limb and then upon another. In the absence of muscular exertion, circulation languishes, the blood gravitates to the lower part of the body where it stagnates and produces hyperstatic hyperæmia, and this position in women produces aching in the limbs, in common with the other sex, but it causes also pain in the back, the result of the reproductive organs being over distended with blood; and if any of the physiological fluxions happened to be taking place at the same time, this pain is increased. If a woman would keep her health, let her satisfy Nature's demands. The feet and legs were made for locomotion—the vertical posture was never intended to be one of rest.

Next to the erect posture, most unhealthy to be continued for any length of time, is the sitting posture which keeps the limbs dependent, and is the cause, in a large number of women, of the swollen feet, ulcerated legs, and varicose veins so often met with.

The Romans, who were not an effeminate race, understood exactly how best to secure rest without injury to the frame, and occupied as they were with athletic exercises all day, the bravest heroes reclined at their meals and feasts. It is very important that variation should be made even in this posture, so easy and natural. At one time, it was the fashion to urge every woman to lie on her back to rest herself; but nature protests in several ways against a long continued dorsal recumbent posture. Lying on the back, the pelvis is in such a condition as to continue during the the night the effects that have been produced during the day, and people within ear-shot are often harrowed with hideous sounds, either a sudden shriek, or prolonged snore from the uncomfortable sleeper.

En passant, let me quote Aveling against feather beds. "The hips of a woman are the heaviest and also the weightiest part of the body. They sink into the yielding feathers, and thus continue the bad effects of the day's positions. Upon a level the hips are so raised that the blood naturally flows from them, and this is nature's method of restoring during the night, the equilibrium which may have been lost during the day." For a woman in health then, a variety of posture waking and sleeping is necessary to continue in that condition, and various diseases are the result of non-fulfillment of nature's requirements. Displacements of the mobile pelvic organs are caused by inattention to this rule. The bladder, vagina, uterus, ovaries, all being susceptible to influences of this kind, are necessarily liable to displacement.

Aveling says: "All prolapsions of the uterus must be

considered, more or less, as the penalty of an upright posture, most of them, in fact are due to the maintenance of the body erect when at rest, and the horizontal position of the pelvic inlet when in this attitude. A straight line falling from the tip of the nose to the toe, should, when the body is erect, touch the front part of the pelvis." When the body is bent forward the same line will be found some inches in advance of its proper position. The poor woman over the wash tub, and the young lady of fashion with her high heels and her bustle both assume an unnatural position, and both are liable to uterine prolapses. If the gynecologists could once persuade the leaders of fashion to discard high heels, heavy draperies, and to reinstate into its place the pelvic curve, the chances are that in a generation, or in a few generations, Othello's occupation would be gone. In my own limited experience I have found much aid from posture, as a means of restoring the equilibrium of the pelvic organs, and as supplemental to more vigorous measures.

The inclination of the pelvis, which may be readily secured by placing the woman with the knees over the foot-board of the bed, the patient lying on her back, has answered my purpose in several cases of acute anteversion, and the knee-breast position is invaluable for relief of long suffering patients with retroversion of the uterus; and as we may cure prolapsus and retroversion by postural treatment, so surely, the hyperæmic disorders of the pelvic organs which are produced by improper postures, may be remedied in the same way. *Similia similibus curantur*. If the long continued erect posture of the woman clerk causes congestion, inflammation, engorgement, turgesence, all synonyms of hyperæmia, why is not the remedy placing the woman in a recumbent posture and keeping her there, until the *vis medicatrix naturæ*

aids the remedy chosen by the law of *similia similibus curantur* in doing its work. How many of us have been annoyed by the stringy tenacious mucus which hangs to the os utero, and can scarcely be wiped away. How many times, when a new patient comes in such a condition, we almost wish we had never seen her, since our resources and patience will be taxed to the most. Hyperæmia of the cervix is the cause of this discharge, and is the natural result of the glandular structure of the canal. No remedy which we can try will permanently cure this uterine leucorrhœa, if the patient, from choice or necessity, continues to spend the greater part of her life standing or sitting in an upright or somewhat erect position.

I cannot resist a word here against the custom of requiring two or three hours a day practice on the piano from young girls. Especially at the time of menstruation an erect sitting posture is exceedingly injurious when the pelvic organs are, as is natural in the monthly period overburdened with blood. Women and girls, who pass the greater part of their lives standing or sitting, are much more apt to suffer from debilitating loss of blood at every period; and if there be, from any cause constitutional or local, a tendency to excessive menstruation these postures will invariably increase it, and the *sine qua non* in beginning treatment is to demand a change of habit in this regard.

Then, too, there are varieties of pelvic deformities by continuance in these postures which are not without great effect in producing painful parturition. Every girl hopes some day to be a mother, or should, and it is wise so to train her that the pleasures of maternity need not be bought at a dearer price than nature fixes. One cause of obstructed labor, little recognized but of frequent occurrence, is the dense condition of the perineum, which as is the habit of skin exposed to friction, becomes

tough and thick from being constantly in contact with the seat of the chair upon which the woman sits two-thirds of her life. As in the motion of the limbs at a sewing machine, the pressure and friction of the seat against the perineum renders it dense and unyielding, and this result is rather augmented by soft seats for they increase the area of the bearing surface, which naturally should only be upon the skin immediately beneath the tuberosities of the ischium.

In young girls who sit or stand for long periods during the soft, undeveloped condition of their pelvic bones, the flattening pressure is brought into play. In standing the sacrum is forced down into the pelvic inlet and flatness results, from spreading of the cotylo-sacral arch, and consequent tension upon the cotylo pubic counter arch. In standing, the same takes place, except that the strain is now borne by the ischio-sacral and ischio-pubic arches. In every case the result is to elongate the transverse diameter of the inlet, and narrow it antero-posteriorly. This form of pelvic distortion—flat pelvis—is by far the most common, and is without doubt due to the ignorant conduct of those who have the charge of girls.

It has happened that on three occasions in my own obstetric experience, the patient has complained of unusual pain in the sacral nerve of the right side, and declared always that the child rested more on the right side than on the left, pressing the sciatic nerve below and against the liver above.

One patient said: "I believe I understand the cause of this. When I was teaching, as I did for a good many years, and it is the custom of the public schools to require the teachers to stand most of the time, I was in the habit of resting on my right foot." In this way one side of the pelvis becomes raised above the other, and one iliac bone is higher than the other, and the result is that the foetus lies to one side because of the distortion of the

pelvis. These are surely avoidable causes of disease ; but until the education of our children in physiology is begun in the lower rooms of the public schools, and until what God has called clean, shall cease to be called common, and the teachers in physiology have the right to give to girls the reason why of the rules that they enunciate; there is no hope that the deforming will be avoided.

After treating of the influence of posture in diseases of the pelvic organs, Aveling has a great deal to say of its influence during parturition, and while he does not commend the brutal practices of our ancestors, who resorted to the three-legged stool of Harvey, for a woman in labor, or shook a woman when the expulsion of the fœtus was delayed. Still he urges that a great deal of truth is hidden in these brutal practices which we may do well to extract.

There are women in the world with deformed pelvis. There are those who are addicted to flooding, and others of lymphatic temperament, in whom the uterus seems to fail of its duty when most is required of it. What will posture do for us in these cases ? Is it better than forceps or hæmostatics or ergot ? A great deal more than forceps or hæmostatics or ergot. The physician does well who makes a mental diagram of the pelvis of his patient, and places her in a position where gravitation will best act in facilitating the delivery of the fœtus. In a healthy woman nature is the best teacher, and the mother chooses the position which is most comfortable for herself, and facile for the child.

In tendency to hemorrhage, the postural treatment is as old as Hippocrates, and should never be forgotten, since it is much easier to raise the foot of the bed and so assist gravitation in restoring the equilibrium of the circulation, than it is to put pillows under the hips of the aching patient, or deluge her with hot water.

In the third stage of labor, Aveling claims great power

for posture, and thinks that with careful attention to the position of a woman, the after-birth may readily be delivered without manipulation, which is so apt to cause after-pains—and to the end that convalescence may be more readily secured in a parturient woman by attention to changes of position, he would steer with great care between the Scylla, so often recommended by accoucheurs of the recumbent position for fourteen days after confinement, thus keeping the cervix bathed in the lochia, which has not free access through its valve, because the laws of gravitation are interfered with, and the Charybdis which would advise a woman to sit up in bed and nurse her own baby as soon as born and do the housework at the end of the 4th day.

Aveling claims that the danger of septicæmia from obstructed lochiation is greater than the danger from subinvolution. He would advise every woman to sit up three or four hours after the birth of her child, for a few minutes while she takes food, or nurses the child—especially the latter, for the uterine contraction produced by sucking, expels lurking clots of blood, and the sitting posture gives the chance of their being removed, by gravitation, from the vagina. He has a word, too, concerning vaginal respiration which is very common when the abdominal walls are relaxed from child-bearing, and it may result in serious consequences. During the puerperal period, he says, “the contact of the air with the lochia promotes its decomposition, and thus favors the occurrence of puerperal fever.” To prevent this vaginal respiration, he advises abdominal supports and makes here the best point, in favor of the binder, that I have ever heard, and also advises a reclining position for a few days.

Diseases of the bladder and rectum, and veins and nerves of the lower extremity are also touched upon,

their causes, and the postural means for prevention and cure elaborated.

I dare not trespass upon the space allotted to me for a more extended notice of this book. It is rare that one finds so many ideas in so small a compass, and I can but commend it most heartily to practitioners and students of gynecology.

THE OBSTETRIC FORCEPS.

BY J. H. MARSDEN, A. M., M. D., YORK SULPHUR SPRINGS,
PENNSYLVANIA.

It may, perhaps, be thought I owe an apology for asking the attention of the reader of this journal to a subject already so trite as that indicated by the above title. It is certain that this subject has of late very frequently employed the pens of our best obstetrical writers, and may seem well nigh exhausted. Nor has it been only in this country that a special interest has been manifested in this instrument. A very protracted discussion "On the Use of the Forceps and its Alternatives in Lingering Labor," was opened by Dr. Robert Barnes at a meeting of the Obstetrical Society of London, held May 7, 1879. The discussion was continued through several successive meetings of the society, and was marked by great ability and earnest interest, and at the same time by that scrupulously guarded conversation which is a known characteristic of British practitioners. The general conclusion, however, at which the society seems to have arrived was, that a more frequent use of the forceps than formerly, is admissible—nay, perhaps, demanded by the interests of both mother and child.

If this be the case in Great Britain, it is emphatically so in this country. According to a quite recent writer,

Dr. Beard, what he terms nervous exhaustion or neurasthenia, is more common in the United States than in any other civilized country of the world. It is according to this author a functional disease of the nervous system, often, though not always, accompanied by great muscular weakness. Though by no means restricted to the female sex, they largely participate in its sufferings. The general debility from this cause cannot but be shared by the womb and other muscular structures concerned in parturition. The psychical nature is also largely affected through this cause, resulting in diminished confidence, hope, courage and other mental conditions so important in securing a fortunate labor. This disease, according to our author, is upon the increase among us, and if so now, it is likely to continue so indefinitely. It no doubt bears a close relation to what we are pleased to call our advanced civilization, to our disregard of hygienic laws, our eager, anxious, almost breathless pursuit of the fleeting objects of time. Our sudden and vast change of circumstances, opening to us the unlimited enjoyment of wealth and luxury, tempts us, especially the weaker sex, according to an old proverb which I need not repeat, to indulgences prejudicial to health and the fullest development of the physical powers. Hence there is likely to be an increased—nay, and indefinitely increasing demand for instrumental interference in labor and consequently an equally increasing demand for advancing skill in furnishing it.

Again, the greater perfection of our instrument and the greatly simplified rules for its use, render a resort to it perfectly justifiable now, in cases where it would not have been at an earlier day. This encourages us the more earnestly to study its proper use, while at the same time it by no means justifies its abuse. That abundant cause of thankfulness we have in the possession of so noble and efficient an aid in the discharge of our anxious

and responsible duties ! With what sadness do we look back to the condition of the Hebrew mother, in allusion to whose case it was said : "The children have come to the birth and there is not strength to bring forth." The forceps now, generally saves us the pain of long witnessing such a scene.

There is, perhaps, no attainment in our art, that so distinguishes the accomplished obstetrician, as the capacity to use adroitly, skilfully, successfully and safely as regards both mother and child, the noble instrument of which we speak. Hence, every well-meant and carefully studied effort to facilitate such attainment needs no apology. So long as we hear of smashed heads and vesico-vaginal fistulas arising, not from criminal delay, but from mal-adroitness, we all have not yet attained to perfection.

We will now proceed to speak of the proper application of the instrument and its manipulation when so applied. And here let me say we do not claim absolute originality nor even to write what we, ourselves, have not written before. But we will emphasize several points which have thus far been rather superficially noticed in the books, and which we regard as of great importance. That we address a different set of readers must be our apology, if any should observe that we occasionally repeat in other words what we ourselves have elsewhere written.

In the first place the choice of the instrument is a matter of considerable importance. It should be as light as consistent with the required strength, the blades sufficiently broad to avoid too concentrated pressure upon the cranium, to secure sufficient space to rest upon, and thereby to take a firmer hold. If too broad, they are more difficult of introduction, especially when the parts are not well dilated, and they are more unmanageable after they are introduced, if it be desired to alter their

position. The so-called long forceps is preferable in any case I can imagine, answering all the purposes of the short instrument, and others, to which that is entirely unsuited. As to its greater danger from its more powerful leverage, that is easily obviated by the manipulation we shall recommend. I use Hodge's forceps, which I find answers admirably all ordinary purposes, and to which I have but a single objection, namely, the blunt hook handles which are not needed, and which sometimes become engaged in the watch-chain, button-holes or clothing of the operator, if he stands close to his patient while operating. There are other modifications of the long forceps which may possess advantages, but I have been so well satisfied with the above that I have felt no disposition to interrupt my habit by employing another. It is important the blades should be warmed before using, especially in cold weather, and well smeared on the outer or convex side with fresh lard, as this greatly facilitates introduction.

The position of the patient preparatory to the forceps operation we think of great importance, although many affect to think otherwise. Every consideration that common sense suggests recommends that upon the back, across the bed, hips drawn near to, or rather projecting a little over the edge of the bedstead, shoulders slightly elevated, and a bolster or solid folds of bed-clothing laid under the back to prevent its curving downward into the bed. The posterior surface of the body should very gently slope from the slightly elevated shoulders to the pelvis resting upon the extreme border of the bed. The limbs are gently flexed at the hip-joints, and at right angles at the knees. The feet are made to rest upon two chairs placed at convenient distance from the edge of the bed, front to front, and sufficiently distant from each other to allow the operator to stand between them. An assistant on each side takes charge of each limb, applying one hand to the ankle

and one to the knee, and so *firmly* as to prevent movement. Another assistant controls the head, shoulders and arms, and who, having been previously instructed, may repeat the anæsthetic, if required during the operation. We believe this arrangement greatly diminishes danger both to mother and child. We need not stop here to speak of the expedients which a proper regard to the protection of the patient and common decency demand. Every man's feelings will suggest these. We must remember it is a *woman* we have in hand—a *lady*, if you please, and as *gentlemen* we should treat her as such, although she may now be passing through one of the unavoidable humiliations of her sex.

Things being thus arranged, unless there be some valid objection, chloroform should be administered until pretty deep anæsthesia is produced—ordinarily sufficiently deep to secure the patient against suffering. Let the position of the foetal head be then ascertained as nearly as possible, its place in the pelvis, and whether the os uteri be fully retracted and out of reach. We then take between the thumb and two forefingers of the *left* hand that blade of the forceps which we see by inspection will best accommodate its curve to the curve of the left side of the pelvis of the mother (in Hodge's forceps this carries the thumb-screw) and balancing it over and nearly parallel to the right groin of the patient, we introduce two fingers of the *right* hand into the genital fissure next the left side of the woman and in contact with the foetal head. This done we introduce the point of the blade, held as above in the left hand, along the palmar surface of the fingers already inserted, keeping the point in close contact with the foetal head. We gradually raise the handle and sweep it over toward the left thigh of the mother, and as the point enters and passes up we depress the handle between her thighs, till it rests upon the perineum. In the whole manœuvre the handle must be so

delicately held that the blade will select its own course, and it is surprising with what ease, when not forced, it takes up its position where it ought to be. No force should be exerted, for if force be required, we may be assured we are driving in the wrong direction, or that the action of the womb is so forcing down the head of the child as to deprive us of space. In the latter case we should temporarily desist from our efforts till the pain is off; indeed our attempts should not be made during pain—at least *vigorous* action of the womb. When the blade is in place it may be given into the hands of a reliable assistant, whose duty it will be to hold it firmly, in case there be considerable uterine action, so as to prevent it from revolving. If there be little or no pain it had better be simply left to rest upon the perineum.

The other blade is then introduced above the first in a similar manner, the hands changing office, and the operation being reversed. The blades when introduced should be carried well up over the head and the handles pushed well back toward the perineum.

The next step in the operation is to lock the instrument. When the last named precaution is used, this will commonly be easily effected but not always so. It sometimes happens when the head lies very obliquely in the pelvis, that the blades introduced along the sides of the latter, will not settle upon such parts of the cranium as to furnish a sufficiently flat surface for their steady support, or they will not lie sufficiently in antagonism to each other to be brought together so as to procure an easy lock. If this happen we are not to attempt to help the matter by force. A forced lock is always an element of danger to mother and child in the subsequent operation. We can never be sure of safe extraction with a forced lock. If difficulty occur such as the above in the adjustment of the blades, we should seek to remedy it by modifying their position. If this do not answer one or

both should be withdrawn and introduced anew. If this expedient still fail, withdraw both blades, and using one as a lever, endeavor to rotate the head of the child so as bring it into better position. The blades can then perhaps be placed upon the sides of the head or nearly so, and will generally lock without difficulty. When the lock, as in Hodge's forceps, consists of a thumb-screw on one handle and a mortise or notch in the other, we should not tighten the screw beyond that degree necessary to prevent separation during the operation—immobility of the joint of the instrument is an element of danger in extraction.

When the blades have been properly introduced and locked, the operator should carefully examine whether anything appertaining to the mother, has been included in their embrace. If he has been careful to make the points keep in close contact with the head during introduction, and has seen that the os uteri has not been in the way, there is not likely to be anything wrong in this regard, which may not be easily detected. He may moreover examine the degree of insensibility of the patient, and if necessary, himself give her some more chloroform and renew his instructions to his assistant.

The next step is the extraction of the fœtus. This is of course to be effected by force supplied by the hand of the operator to supplement the deficiency of the mother's powers. The important questions here are, in what manner, and in what direction is the force to be applied.

As to the first—the operator takes his position between the chairs upon which the feet of the patient rest—that is between her limbs and pretty near to her person. In such position he can better exert, and more accurately control the force applied, than if standing at a greater distance; and if the patient be suitably anæsthetized his proximity will not offend her modesty. We always gain advantage by proximity to the resistance to be overcome.

The mower stands up to his scythe, and if we wish our horse to draw to advantage, we give him the shortest trace consistent with safety. We take hold of the forceps with the right hand—if it be the long instrument *not at the extreme end* of the handle, but near the lock. Our object is not to *crush* the head, but to preserve it *intact*. Seizing the forceps at this point, we cannot, even in our hurry and trepidation, if such we experience, produce dangerous compression, as we might do by employing greater leverage. The maternal parts retain the forceps in place, if well pushed up, even without our exerting compressive force for that purpose. The instrument will probably more readily slip under close approximation of the shanks, than without it, because they are thus likely to spring and the points of the blades consequently to be raised from their hold upon the head. The only object in view should be to supply extracting force. The instrument should therefore be held loosely, so as to take any direction the advancing head may impose upon it. We must not seek to throw the head this way or that way to avoid supposed obstruction—*simply supply the force* in the right direction, and the head, if it move at all, will move in the direction of *least resistance*, that is, it will of itself shun obstructions. It is becoming customary to tell us to extract by a *direct* force—and this teaching is supported by high authority—no less than that of Dr. Matthews Duncan. When the pelvis is very large or the head very small, and, *a fortiori*, where both these circumstances meet in the same case, delivery may be very easily, safely and expeditiously effected in this manner. But when the relation of the head to the pelvis is not of this kind—in other words, when there is a *tight fit*, delivery may be, we think, greatly facilitated as well as rendered much safer, by giving the instrument a very gentle from side to side movement, the handles describing but a small arc and extracting force being steadily ex-

erted at the same time. This manœuvre serves to tide the head over obstructions the exact point of which we cannot always determine, and aids it in obeying the general law, that of moving in the direction of least resistance. Practically we find delivery more easily effected in this manner when much resistance is encountered. We have an illustration of this in removing a tight cork from the neck of a bottle by pushing it from side to side with the thumb.

When the forceps is held loosely as we have above indicated, and the head fits tightly in the parturient canal, we will not unfrequently find in the course of extraction that the instrument will so revolve in the hand that one shank will lie nearly or directly above the other. When this occurs it is owing to rotation of the head in the pelvis, and we had better withdraw the blades and introduce them anew. The curves of the forceps in such case no longer correspond to that of the pelvis and if we proceed with extraction without altering the instrument we may inflict injury by contusions, etc. When repeated the blades are likely to settle upon the sides of the foetal head, their most favorable position. Such change of adjustment is very apt to be required when we seize the head at or above the superior strait. Thus taken the blades will rest upon the extremities of some of the antero-posterior diameters of the foetal head, and as it descends and encounters resistance from the changed diameter of the pelvis, rotation is very likely to take place so as considerably to alter the relation of the instrument to the pelvis. If this happen, as advised above, we had better withdraw and readjust the blades, and having done so, we can usually complete the operation satisfactorily and safely to both mother and child.

In cases where the head is seized, as above indicated, upon the extremities of the long diameter, and rotation does not take place in its descent, it has been questioned

whether it can so pass the inferior strait or outlet as in that case there would not be a favorable correspondence of diameters—the long diameter of the head coinciding with the short diameter of the lower strait. Prof. Tannier admits that delivery may *sometimes* be effected under these circumstances. We think it probably often can. We must bear in mind the extreme flexion of the head in its descent and which is doubtless increased by the compression of the instrument. We have therefore the sub-occipito-bregmatic diameter of the child's head, not the occipito-frontal, in coincidence with the transverse diameter of the lower strait. If however in any particular case the antero-posterior diameter of the head be *too long* to pass the transverse diameter of the lower strait, if the forceps be properly held, we think the resistance encountered by the head in its descent will cause it to rotate with the forceps, or even *within* the forceps, so as to secure a proper correspondence of diameters when it reaches the lower strait.

Again, the *direction* in which the extracting force should be applied is a matter of the utmost importance both as regards ease and safety. This is illustrated by many of our most common efforts to overcome resistance. Velpeau tells us of a student who attempted to deliver an afterbirth in one of his wards and failed to succeed—even broke off the cord through misdirected force. He himself delivered the same with the utmost ease by changing the direction of the forces applied.

The instructions given by the older authors upon this subject, were of a very general character. We were told to vary the direction of the force according to the varying axis of the parturient canal through which the child's head must pass. This is very well, but not sufficiently definite to guide us, especially when we may be somewhat perturbed by a sense of our great responsibility.

Some years ago, in a paper upon "Extraction of the

Fœtus with the Obstetric Forceps," read before the Homœopathic Medical Society of Pennsylvania (see Transactions, vol. II, p. 395), I stated as my belief that if we would manipulate the forceps as we have herein indicated, the handle, throughout the operation would point in the direction in which the force should be applied. I am uncertain whether any one before may have taught the same, I am only certain of this, that if so, I do not remember having met with it. I have myself been guided by this indication and always in so doing, have attained satisfactory results.

When the head fits tightly either from its unusual size, or the narrowness of the pelvis or both, we should not attempt to reduce its diameters by means of strong compression with the forceps. Artificial compression as a *direct* aid to the delivery has probably been greatly overrated. While we may, by this means, somewhat shorten the diameter, we at the same time lengthen that at right angles to it, and this is likely to be the one which encounters most resistance. A better method is to extract *very slowly*, frequently suspending our efforts for some time, thus securing the gradual, but certain, moulding of the head by compression through the walls of the parturient canal, which apply their compressive force *exactly* where it is needed—shorten all diameters that encounter resistance, and lengthen only that which meets with little or none—namely, that corresponding with the axis of the parturient canal itself. The head is thus lessened in its circumference, but becomes lengthened or wire-drawn, and this is precisely what takes place in a somewhat difficult natural labor.

In all we have thus far said we have contemplated only those cases wherein the womb is fully retracted from the head of the child and beyond the danger of being caught in the grasp of the forceps. So far as possible we should restrict the use of the instrument to such cases. By a

skillful resort to suitable expedients such as may be necessary to stimulate the uterus when the difficulty lies in deficient action of that organ, or to relax the os when delay is owing to rapidity or spasmodic contraction, we may usually procure the descent of the head till it has escaped the womb and is within easy reach of the forceps. Ergot, pulsatilla, caulophyllum, etc., will generally fulfill the first of these indications, while *actea racemosa* in case of obstinate rigidity, acetate of morphia, in case of spasmodic constriction, and chloroform, suitably administered, in either case will seldom disappoint us. The retraction of the womb is sometimes retarded by the anterior lip being dragged down and pressed by the head, during each successive pain, against the pubic bone, thus contracting its resiliency at the very moment it would be most effective in producing retraction. This unfavorable action may to some extent be remedied by pushing up the lip in the absence of pain, and maintaining the finger in position against it, so as to prevent its being caught by the head when forced down. Repeated attempts of this kind will usually succeed in the end.

When there is much delay in the escape of the head from the womb, attended, as it often is, by extreme suffering, the free administration of chloroform not only directly contributes, as above said, to the relief of the difficulty, but in the meanwhile abolishes suffering, removes the apprehensions of the patient, beautifully tides her over the obstruction in the course of her labor, and enables us in due time satisfactorily to accomplish our purpose by the legitimate and successful use of the instrument.

After all, there may be cases when the interests of the mother or child or both demands the application of the forceps before the head had passed the os uteri. Such cases should, however, by the use of means now in our possession, be reduced to the lowest minimum. One of

the late masters of the Dublin Rotunda Hospital, resorted frequently to such early applications of the forceps, but with results by no means flattering, when compared with those of opposite practice.

When the indications seem imperatively to require us to seize the head with the forceps before it has passed the womb, we should use the hands as far as possible in dilating the parts and guiding the blades till they fairly rest upon the cranium, and nothing but the cranium, and when there to keep them in close contact with the cranium, till they reach the place where they ought to be. We should then procure an easy and secure lock, avoiding all attempt at extraction till we have affected this, whatever trouble it may cost us. Extraction in such cases should always be exceedingly *careful* and *deliberate*, giving abundance of time for the yielding of the os uteri and all opposing structures. In this case, and indeed in all others, when the head ceases to press upon, and distend the perineum, give time! time! time! for that structure to yield, and in doing so, you will contribute much more to prevent laceration than by any imaginary support.

DISPLACEMENT OF THE OVARIES.

BY E. M. HALE, M.D., CHICAGO, ILL.

(Read before the Illinois State Homœopathic Medical Society at its session in Chicago, May 18, 1880.)

Judging from the infrequency of reports relating to this condition, ovarian displacement is a rare disease. I am satisfied, however, that it exists oftener than we are aware of. We are not always minute enough in our examinations, and are often prevented from making sufficient examination by reason of the age or delicacy of the

patient. It is often mistaken for retroversion of the uterus, and we may mistake it for a pelvic hæmatocele.

The ovaries are of extreme mobility. Their supports are lax, and any influence which increases their weight draws upon them directly, or acts upon them by traction through a neighboring organ. These causes may draw them out of their normal position, and even in rare cases take them out of the pelvis in the form of hernia.

For example, they may be displaced by inflammation, hypertrophy, ovarian foetation, etc., which causes increase of weight.

They may be displaced by contractions of effused lymph, resulting from pelvic peritonitis, contractions of the ovarian ligaments, etc. They may be affected by displacements of the uterus, pregnancy or hernia of any of the abdominal viscera. I believe this displacement is often congenital or occurs before the age of puberty. I also believe there is a hereditary tendency to this displacement, for I have known of sisters and their mother, who have been victims of this painful affliction.

The location of the displacement is not always the same. They usually fall into the *cul-de-sac* of Douglas. They sometimes pass into the inguinal canals, or through them into the dortoid sacs of the labia majora. Here they are subject to a monthly congestion, which creates severe local disturbance and keeps the parts swollen, heated and tender, until ovulation is passed. It is said that in rare instances they may enter the femoral, umbilical, and ischeatic openings.

I have never observed them except in the *cul-de-sac* of Douglas and several cases having occurred in my practice within the past year.

An examination of the woman in suspected ovarian displacement, should be very thorough and very careful. As a preliminary have the bowels thoroughly evacuated by means of an enema or castor oil. As Dr. Matthews

Duncan says: "You cannot make a fine examination of the ovaries with the pelvis stuffed full of fæces." In fact it is a very easy thing to mistake a hard lump of fæces, which causes pain when pressed on, for a painful and displaced ovary.

The diagnosis is sometimes difficult. From a retroversion of the uterus, by means of the sound which will place the uterus in its normal position; but leave the ovary in the cul-de-sac. From hæmatocele by the high position of the uterus in that accident, while in cases of displaced ovary, the cervix is on a line with the ovary. The displaced ovary is generally exquisitely tender, but not always, for in two cases occurring in my practice, they were not very sensitive, pressure on them only giving rise to faintness and nausea. The sensations experienced by a woman when hard pressure is made on a healthy ovary, is just the same as when a healthy testicle is subjected to pressure. When irritable or inflamed, this sickening pain is so intense as to give rise to chilliness, fainting, vomiting, and long lasting pain.

This affection is one of the many causes of dysmenorrhœa or dispareunia. It may also be a cause of sterility, and in the married woman be a cause of great suffering in many obvious ways. If pregnancy occurs it may prove a cause of miscarriage, until such time as the uterus rises in the pelvis when it may lift the ovary from its malposition.

The treatment of this displacement is often difficult and unsatisfactory. Medicines do but little good, unless we place the patient in a condition of absolute rest. The ovary can generally be pushed gently upward until it is in its normal position; but like a prolapsed or retroverted uterus it will not remain there unless it is supported, or the patient placed in such position as to prevent its falling. Sometimes a position on the opposite side, with the

hips elevated will be of service, as is also the knee-elbow position.

Internal supports are sometimes necessary. Of these the ring-pessary, the Albert Smith pessary as modified by Dr. Thomas, or Jackson's pessary may be used; I have succeeded with all three, but prefer Jackson's. No one instrument will answer for every case, but Jackson's is more easily moulded into suitable shape and is less liable to irritate the sensitive ovary. The case I am about to relate will illustrate the severity of the suffering which ensue, and the method of treating similar accidents.

A young married woman, previously healthy, with the exception of obstinate constipation, reports that her last menstrual period, which usually lasted six days, reached eight or ten days, and was accompanied by more pain than usual in the ovarian regions.

During the next month she felt a painful uneasiness in the right ovarian region, with dragging sensation all through the pelvis. These symptoms increased and became greatly aggravated when the menses appeared. She had flowed several days, when I was sent for one night when she was in great agony, with prostration and cold sweats. Being ill I sent viburnum, and chloral to be used if the former did not relieve the suffering. The next morning on visiting the patient I found that the viburnum gave no relief, and the chloral (twenty grains) was taken, with the effect of giving her a few hours of fitful sleep. The pain has returned, and from her vivid description I supposed it to be a case of *retroversion of the uterus*. It lacked, however, one essential symptom of acute retroversion—namely: the *constant desire for stool, with tenesmus*.

On examination I found the uterus high enough in the pelvis, but the fundus was thrown to the *right* and the cervix to the *left*, being a case of *lateral flexion*. The *right* ovary was found displaced and dropped into the

cul-de-sac of Douglas, a little to the left of the median line. It was swollen to four times its natural size and so exquisitely tender that the slightest touch caused intense suffering and faintness. She informed me that the only position she could rest with *any* relief was on the knees and shoulders. In this position the severe dragging pains were ameliorated. With the greatest carefulness and patience, using steady, upward pressure, while she lay upon her back I succeeded in elevating the ovary until it disappeared from touch, when a sense of great relief to the patient followed. She was ordered to lie on the left side, or on the face with the hips elevated, or if the pain returned, to place herself immediately in the knee and elbow position until relieved. There was intense tenderness over the entire lower abdomen, with soreness on movement, slight fever, pulse 96; temperature 102. Aconite and belladonna were prescribed, with tepid compress of hamamelis water.

The next day she was greatly improved, but had found great difficulty in preventing the ovary from falling. As the pain had subsided apis was given instead of the aconite, and an enema for the bowels ordered—as the rectum contained a hardened fecal mass.

The next day found the bowels had operated, but on examination found the ovary lying within reach and ready to fall into the *cul-de-sac*.

Fearing another displacement I placed an ordinary elastic ring-pessary in such a position as to prevent its occurrence. Continued apis and bell. During the next few days rapid improvement in all the symptoms followed, but when she tried to sit up, or stand upright the dragging in the right ovarian region still annoyed her.

As *lilium tig.* covered all these symptoms, as well as many more in the history of the case she was placed under the influence of the 4th trituration of the pollen, which I consider the real medicinal portion of the plant.

(I have been frequently disappointed in the action of liliun, and had been somewhat skeptical of its virtues, until I procured and prepared a trituration of the pollen *just matured*. Since then I rarely fail to see prompt curative effects.)

Under this remedy my patient has steadily improved. The pessary was removed, and, with due care no untoward symptoms have appeared. The pain, tenderness, and cramps have not returned.

We should be cautious about giving a decided opinion, or even treating a case of abdominal and pelvic pain, in a woman, without primarily making an examination. This case might have ended seriously, by resulting peritonitis, ovaritis, or pelvic cellulitis, had the inflamed organ not been replaced and kept *in situ*.

This is a typical case of displacement of the mildest character. It was, doubtless, a recent or acute case, for the patient had never before had any similar sufferings. But unfortunately all cases are not so easily managed, and as a contrast I will narrate one of a severe and intractable character.

The lady, Mrs. H., was sent me from Covington, Ky. She was about 30 years of age, had never been pregnant, but had suffered ever since a child with pain deep in left side of the hypogastric, or iliac region. She had two sisters who had suffered similarly. When she arrived, at the age of puberty this suffering greatly increased, especially at each menstrual period.

The pain extended from the above named region deep into the pelvis, into the sacral region, and even down the thighs, especially the inside, apparently following the crural nerve.

On examination, the uterus was found retroflexed, and the posterior portion of the cervix exquisitely tender. With great difficulty a small sound was passed through the cervical canal giving great pain when it passed a cer-

tain spot. The uterus on being lifted up did not cause to disappear a very sensitive tumor—the prolapsed ovary—lying in the bottom of the cul-de-sac of Douglas. Pressure on this ovary caused nausea, fainting and great pain.

It was movable, and could be pushed out of reach of the finger. I ventured to place under it Jackson's elastic pessary. Then examining her in the standing position, the pessary, seemed to support the ovary. On walking about my office she complained of no pain. She left the office and very imprudently walked home—a distance of more than half a mile.

After a few hours she was seized with severe pain in the back, loins, and thighs, similar to the pains she had suffered at the menstrual periods. I was called and found that the pessary supported the uterus and ovary, but on account of the pain I thought best to remove it. This pain was severe for a day or two, then partially subsided; under the use of *cimicifuga*, *arnica* and *hamamelis* internally and topically.

In a few days after I ventured again to apply the pessary (the ovary had become displaced) but its introduction was followed by the same pains, and some of the symptoms of pelvic inflammation. I afterwards learned that she had experienced the same sufferings after examination and treatment, at the hands of several eminent gynecologists. Despairing of helping her by mechanical means, she was given bromide of ammonium, and advised to use the vaginal douche of hot water, a gallon or two at a time. These gave great relief, which continued until the menstrual period when the usual intense suffering occurred.

This was a case of displaced and irritable ovary, complicated with some chronic disease of the uterus aside from the retroflexion, probably a tumor in the left posterior wall.

She was under my treatment for several weeks. She took *lilium*, *lachesis*, *thuja*, *cimicifuga*, *apis*, *clématitis* and *pulsatilla*, none of which gave her much benefit. I suppose she had taken all them before, as she had been under homœopathic treatment several years, and was the sister-in-law of an excellent homœopathic physician. Of all remedies, bromide of ammonium and the hot water douche gave her the most relief. This is a case where removal of the ovary through the vagina might have been of great benefit, and I learned that Prof. S. R. Beckwith once advised it. But being complicated with evident grave disease of the uterus, I could not advise it, as I did not believe its removal would cure the uterine trouble.

Since these and many similar cases have engaged my attention, I have looked for mention of this condition in the works of many prominent authorities. Thomas, Hewitt, West, Titt, Tait, Scanzoni, Duncan and others barely mention it.

In our school Guernsey does not mention it, and Ludlam briefly alludes to it but once.

The only author who gives anything like a full description of the affection, its symptoms, etc., is Dr. Rigby, in his small but valuable work on Diseases of Women.

As this work is rarely found in the library of physicians, unless he is engaged exclusively in gynecological practice, I venture to quote his observations :

“Of late years, I have had occasion to notice a form of ovarian displacement which, as far as I am aware of, has not been hitherto described, and which, on account of the intense suffering it produces, as also the character of its diagnosis and mode of its treatment, is of great practical importance. I allude to where the ovary descends into the recto-vaginal pouch, and occupies a position between the rectum and the uterus, and almost justifying the term *prolapsus of the ovary*.

“This displacement is characterized by intense and peculiarly sickening pain about the sacral region, extending to one or the other of the groins, and coming on in paroxysms of such agon-

izing severity, as to render the patient frantic with the intolerable suffering. In some patients, the intermissions of ease are nearly or quite entire; in others, the pain, although divested of its characteristic intensity, never wholly abates. The source of the pain is evidently connected, directly or indirectly, with the rectum, for the passage of fæces is frequently attended with some difficulty, and always with great suffering.

"The patient describes it as if a partial obstruction existed somewhere up the rectum; the smallest pressure upon which, by the passage of fæces, is sufficient to bring on a paroxysm of this much-dreaded pain. At other times, she can hardly tell what has been the exciting cause of this attack; for, like a fit of *tic-douloureux*, it will frequently come on from no assignable reason, and cause her the severest sufferings for some hours. The pain is said to be quite peculiar, and of a sickening and utterly unbearable character, the like of which she has never felt before; indeed from the way in which patients describe it, I presume that it bears a close resemblance to the intense and peculiar sufferings in a case of orchitis. The pain is usually attended with great throbbing, and with a painful sense of forcing, and distension of the tender part, like something strangulated, and amounting to almost to bursting.

"The menstrual periods are always attended with greatly increased suffering, particularly during the early part of the discharge; this, however, varies a good deal in different patients, and (as far as I have had the opportunity of observing), the discharge is invariably attended with exudations of small coagula. At these times, the whole lower part of the abdomen is frequently tender to the touch, and more or less fever is usually present, probably rising in that part from the degree of suffering which has been induced. The tongue invariably shows the dry short-napped fur which is so constantly seen in cases of disease or displacement of the pelvic viscera; the digestive organs are much deranged, and, not usually, the stomach very irritable, even to a severe degree of vomiting.

"On making an examination per vaginam, the patient generally starts with pain the moment the finger touches the *os uteri* or *cervix*; but, as I have already pointed out in oophoritis a little care quickly suffices to show that these parts are not morbidly tender, but that the pain is produced by pressing them against a tender spot, which is behind and to one side, in the direction of one or other of the *sacro-iliac synchondroses*, or *sacro-ischiatic notches*. On passing the finger, therefore, behind and to one side of the *cervix*, and pressing against the walls of the vagina, in the above mentioned direction, the painful spot is at once reached, and sometimes a slight degree of hardness is perceived.

"On examination per rectum, the finger soon reaches the same acutely painful spot which has been felt per vaginam. The patient dreads the slightest touch of it, however carefully applied. It is evidently a convex body, like an enlarged gland, though usually softer, situated in the recto-vaginal pouch; it is movable, if the patient can bear a sufficient amount of pressure for that purpose, and one or more vessels, are usually felt throbbing when the finger presses upon it.

"The ovary is generally larger than natural, being more or less swollen from the strangulation produced by its displacement, and, when the swelling is considerable, not only will pain be produced by pressing on the groin of the same side, but the ovary will be distinctly moved on the finger per rectum. From the fact of its mobility can be explained the circumstance of our being able to feel it sometimes lower in the pelvis than at others, and why the patient's sufferings are increased the lower it is felt. Hence, the passage of a solid mass of feculent matter is attended with fearful suffering; the ovary is pushed down by the mass descending along the rectum, until its attachments are put considerably upon the stretch; a further amount of swelling is produced by the state of strangulation thus induced, and in this condition the fecal mass is at length forced past, to the indescribable agony of the patient, frequently leaving her in severe pain for many hours afterwards.

In other cases the ovary is nearly or quite fixed, apparently having contracted adhesions to the neighboring parts.

It is not easy to speak decidedly as to the causes of this displacement, but I have chiefly or almost solely observed it in women of lax, flabby habit, prone to constipation, passive menorrhagia, leucorrhœa, and abortion, but most particularly where the uterus has been retroverted. I have already pointed out the fact that ovarian inflammation or irritation is a frequent result of retroversion in the unimpregnated state, arising probably from the tension to which the broad ligaments are exposed, and consequent engorgement of the ovary. But it can undoubtedly occur entirely independent of retroversion, and seems then to have been a result of habitual constipation in a feeble relaxed habit of body. The rectum becomes much dilated by this cause, and as large scybalous masses descend through and distend it, they exert, from time to time, a considerable pressure upon the left ovary from above downwards, so that, its attachments to the uterus becoming gradually elongated, it at length descends into the recto-vaginal pouch, as above described.

"The diagnosis is not difficult, for the pain is quite peculiar. It is of a forcing throbbing character, so sickening, and utterly

intolerable, as to be entirely different from any other pelvic pain which a woman can suffer.

"Its seat is referred to the upper and posterior part of the vagina, usually somewhat to the left side, where the ovary can be felt, especially on examination per rectum. In some cases, and these have appeared to be the worst, it has been nearly in front of the sacrum, and at times it has been pushed down as low as the coccyx, the suffering, as might be expected, being in proportion to the amount of detrusion.

"Although the chief object of our treatment is to restore the displaced ovary to its natural position, it will not always be possible for us to attain this in the first instance. The ovary is, perhaps, so detrued, so swollen and fixed, and the slightest touch produces such agony, that any attempt to raise it by the finger would not only be out of the question, but would probably injure the structure of this delicate organ in its present state of congestion."

Note.—When this paper was prepared for the Illinois State Society I had not seen Dr. Munde's essay published in the *Trans. Amer. Gynecological Society*, 1879, a resume of which was given in the last (May) number of this journal. I mention this because of the similarity of the two papers, and that I may not be accused of imitation. The interest which my paper excited in the Illinois Society will, I believe, lead its members to a closer scrutiny of all cases of supposed uterine and ovarian disease; and I hope the readers of this journal will enrich our literature with accurate observations concerning this painful affection.

PARTIAL EVACUATION OF A DERMOID CYST BY PERFORATION INTO THE VAGINA.

BY A. M. PIERSONS, M.D., NEW YORK CITY.

In March last I was invited, by Dr. C. G. Schlick, of North New York, to operate for some kind of tumor the precise nature of which he was unable to diagnosticate.

I found a woman about thirty-five years old, tall and emaciated. She was now for three years living with her second husband. Was first married at the age of fourteen and by this marriage obtained one child. She seemed extremely weak, so much so that I mentally decided to postpone any extensive operation, or even examination, until such time as good nursing and nourishment should somewhat tone or repair her impoverished system. Hence I did not place her upon a table nor advise the administration of an anæsthetic. She was simply placed across her bed, sustained by brandy and supported by the attending physician and my assistant.

I had already been informed that procidentia uteri or some sort of tumor had protruded and was now sloughing from the vagina. Examination showed a well-defined tumor lying wholly to the right of the linea alba and about twice the size of a foetal head. There was also a mass of sacculated, tough, membranous shreds hanging in abundance from within the vagina. So full was the vagina packed with this mass that I was compelled to use considerable force to pass my exploring finger beyond the ostium vaginæ. Having satisfied myself that this sloughing mass was not polypoid and attached to the cervix uteri, nor was it the inverted uterus itself, I grasped it with vulsellum and made gentle but persistent traction. Some progress was made when I turned this over to my assistant and with a tenaculum in each hand first one side and then the other was drawn slightly down; my movements with tenaculæ being always made in harmony with the pendulum traction on the vulsellum. In the meantime Dr. S. was holding the abdominal tumor well pressed toward the vaginal outlet. In this manner a mass the size of a foetal head was lying without the vaginal orifice. Finding I could make no harder traction without subjecting the woman to unnecessary pain I pressed my left index finger under the pubic arch as high up the

vagina as possible, thus guiding the double-curved scissors to my finger's end, I disconnected the external putrid mass from its attachment within. Not a drop of blood followed the operation. The cutting was quite like that of the pedicle of an ordinary ovarian tumor. That portion beyond the reach of my scissors, when released, immediately retracted out of reach. To my left and near the utero-vaginal juncture was an irregular opening about two inches in diameter. Beyond I could not explore. The woman, at this time, seemed so weak I advised no further worriment fearing she would die on my hands. She was given milk punch and directed to have carbolized hot-water injections three times daily till further ordered. The mass removed was composed of two and possibly three empty sacks, and a few pieces of sebaceous fat. Several of these were subsequently found discharged from the vagina. I was to hear reports from her every few days and make further explorations or operate whenever I deemed it advisable—if at all. The next day colliquative diarrhœa sat in and the first report sent to me announced her death. Through lack of diplomatic tact or skill the attending physician let this most interesting case go to its resting place without an autopsy. My object in reporting it in this imperfect manner is simply to add another to the not over large list of dermoids sloughing into the vagina. That it was such there is no reasonable doubt. There was sufficient sebaceous fat to tell its class. Then again the dermoids are more liable than any other cysts to evacuate, by ulceration, into some of the cavities of the body. The best proof of all—*post mortem* ovariotomy—was denied me. Some may doubt the propriety of any operation on a woman who must soon die with or without it. That she had lived thus long without ovariotomy was no fault of mine. I will go further. I would give a woman the one chance in a hundred for her life. I would remove all causes of fetor and thus make her en-

urable while she still lived, and not wholly disgusting when dead.

A CASE OF VAGINISMUS.

BY A. M. CUSHING, M.D., ASHVILLE, N. C.

(Read before the Massachusetts Surgical and Gynecological Society.)

Mrs. —, aged 22, one year married. Had great soreness of genitals, more internal than external. Sexual intercourse was agony, almost unbearable, and had been so since marriage. Had visited a female physician who attempted to introduce a dilator of some kind, but had to abandon the attempt, and it made her worse. When I first saw her she was three months pregnant. An attempt at digital examination produced such exclamations of distress and such an abundance of tears I desisted, unable to make any examination. A subsequent attempt produced the same result. Medicines did no good, and as she was pregnant I gave but little, nor gave that little long, but waited anxiously to learn the result of her confinement. At the seventh month I was called (as I requested to be if any swelling of any part appeared) and found the limbs to the body so swollen I feared bursting of the skin. The swelling had extended to the crest of the ilium, and the genitals were so swollen she could not sit down. The vaginal soreness unchanged. Under the use of remedies for one week the swelling had entirely disappeared except a very little at the feet. At the eighth month I was called and found her in labor; pains slight and unfrequent. Digital examination with great care and extreme suffering to the patient, found the os uteri slightly dilated and unyielding, and high up. Two hours later I found a dead foetus and the placenta awaiting my inspection. The child had evidently been dead

several days. She did not suffer severe pains during labor, even from the sensitive vagina. The same condition of the vagina continued for several weeks, when I prepared vaseline, two parts, and powdered gum myrrh one part, and ordered her to lubricate her finger with this preparation and introduce it within the vagina two or three times a day, and rub the parts well. It very soon relieved all the trouble and she is now again pregnant.

THE DUTIES OF PHYSICIANS IN ABORTION AND PREMATURE LABOR.

BY H. K. BENNETT, M.D., FITCHBURG, MASS.

Read before the Massachusetts Surgical and Gynecological Society,
Dec. 3, 1879.

The object in presenting this paper to this Society to-day is to call your attention to two very important subjects, and endeavor to make plain the physician's duty in each. In doing this my remarks will be based upon observation and a considerable experience. By the term abortion is meant the evacuation of the contents of an impregnated uterus prior to the maturity of the fœtus. By premature labor we refer to a miscarriage before term of a viable fœtus. We have what is called justifiable abortion, accidental abortion, and criminal abortion. It is my purpose to now enter into the consideration of these three forms, giving, or laying down the physician's duty in each. Justifiable abortion is allowable in those cases where owing to deformities, or a disproportion in the size of the pelvic outlet, and a mature full sized fœtus, rendering it impossible for such to be born alive either by nature, or the intervention of art. When the conjugate diameter at the superior strait is only two inches, or less; or in case of deformity where the longest

diameter is not over two inches, we are justified in inducing an abortion at the second or third month of utero-gestation.

Parenchymatous nephritis with its various concomitants, such as dropsy, blindness, uræmic-convulsions, and kindred conditions will, in many cases, render it our imperative duty to arrest the further progress of gestation for the purpose of saving the life of our patient. Fortunately, however, in most cases, this disease is not developed until during the last three months of utero-gestation, when premature delivery may be instituted and the life of both mother and child saved.

The diagnosis of parenchymatous nephritis is based upon the following symptoms, to wit: œdema, vertigo, partial or complete blindness, and a condition of the urine as revealed by the microscope, which points unmistakably to the true condition of the renal organs.

If we find the urine highly albuminous, say from five to twenty per cent., the sediment composed of a large number of epithelial scales from the pelvis and calices of the kidney, together with granulated cylindrical casts, or hyaline tubular casts of the tubes of Bellini, and the amount of urine daily secreted is falling markedly below the normal amount, and daily decreasing to almost if not complete anuria, we may rest assured that the kidneys are not capable of performing their usual functions, that urea is fast accumulating in the blood, and if by proper medication these grave symptoms and conditions mentioned do not speedily disappear we must resort to abortion, or premature delivery, or our patient will soon fall a victim to that insidious and much dreaded foe uræmic convulsions and die. And I will here remark, that the public ought to be instructed, that in all cases of pregnancy the fact should be communicated to their family physician at once, and he should from time to time examine the urine of such both chemically and micro-

scopically, with the view of early determining the invasion of an attack of parenchymatous nephritis.

Obstinate vomiting is another anomaly where the induction of abortion, or premature labor is sometimes justifiable, but should not be resorted to until other resources fail, such as proper medication, restitution of a flexed uterus, cauterizing the neck of the uterus, and last though not least, rectal alimentation.

Other circumstances may arise when it will be absolutely necessary for the physician to induce abortion, such as the death of the fœtus, frequent and profuse hemorrhage from a polypi or uterine fibroid or when the placenta is prævæ.

If it is deemed necessary by the physician that an abortion or premature labor should be induced for justifiable reasons his act should always be sanctioned by a consulting physician unless exigencies might arise where delay would be dangerous. Cases might arise where the patient's friends desired the consulting physician to be one who is not an expert in those cases, then the condition of the patient should be carefully explained, and if the friends determine, notwithstanding, to call an inexperienced, the attending physician should withdraw, refusing to have anything more to do with the case. If a delay in sending far for a consulting physician would prove dangerous or the consulting physician already called unwilling to sanction such extreme measures from conscientious motives, then the physician in attendance, unless he can procure proper counsel, should proceed to duty without fear or favor. Having determined that an abortion or premature labor is necessary for the purpose *only* of saving the *life* of our patient, I will briefly allude to the best, safest and most speedy method of operating. A soft flexible bougie such as I now exhibit should be introduced in the cavity of the uterus between the membranes and the uterine parietes and gently carried to the

fundus and there allowed to remain until forcible uterine pains are excited, then we should remove the bougie and proceed to dilate the cervical canal by means of our thumb and fingers, or what is better, if we have them at our command, a set of Hank's dilators or Barnes' dilating bags, at the same time giving internally secale, us-tilago or caulophyllin.

By this method we are enabled to introduce our two first fingers of the right hand or a looped hook such as I now show you, into the cavity of the uterus and remove its entire contents inside of thirty minutes, and within twelve hours from the time we introduced the bougie. Should we desire to be more expeditious we should dilate immediately and use the looped hook, without waiting for the pains to be excited by means of the bougie. Never inject fluids of *any kind* into the cavity of an impregnated uterus. Such a procedure would be a culpable act and might lay the physician liable to a suit for malpractice. The danger in using fluids to excite pains consists in the liability of injecting air into the uterine sinuses, producing embolism and sudden death as probably occurred in the celebrated Jennie Clark case.

Usually the foetus and placenta are expelled together; if otherwise we should never leave our patient until the placenta is expelled. I am aware of many instances where the physician has allowed the placenta to remain days, weeks, and even months to be expelled spontaneously or pass off by the process of decomposition, the patient all this time at the risk of an attack of fatal septicæmia. Such practice is reprehensible in the highest degree and should be discountenanced by every gynæcologist. Dr. J. H. Sherman, of Boston, in the last number of the *American Homœopath*, in an article on miscarriage, says: "If hemorrhage should occur and the foetus and placenta are not within reach to waste no time with forceps, hooks, etc., but proceed at once to tampon the vagina."

I am forced to take to exceptions to this recommendation, and caution the profession, especially the young physician, that to tampon at or after the fifth month of utero-gestation is highly dangerous on account of internal hemorrhage being almost certain to occur, and death the probable result. In such cases when you cannot reach the foetus or placenta I would recommend, after the cervix is well dilated, to give the patient Squibb's chloroform sufficient to thoroughly relax the abdominal muscles; flex the thighs upon the abdomen, with the left hand press the uterus firmly down into the pelvic cavity, and with the index and second fingers of the right hand carried up to the fundus of the uterus scoop out its entire contents; should the fingers fail in reaching the object of our search, we should resort to the looped hook before mentioned. This hook was first brought to the notice of the profession by Prof. Hale of Chicago, Ill. I have no confidence in the placental forceps in such cases; they are much inferior to the fingers or looped hook. A few minutes are sufficient to carry out all the details of this operation without waiting twelve or twenty-four hours with the tampon. It should be remembered that the great danger from hemorrhage in abortion is before the expulsion of the placenta, whereas in labor at term the danger is after the expulsion of the placenta, unless it be *previa*. The placenta should be expelled entire—no piece should be allowed to remain; if adherent, and the hook fails in detaching it, we should use the curette.

I can call to mind many cases where I have been called to care for other physicians' leavings, where nothing but the promptest action on my part saved the life of my patient. I have seen them speechless and almost pulseless, their life current flowing a stream, when I would resort to the immediate removal of the entire contents of the uterus and the administration of remedies and raw brandy as a stimulant every few minutes, and soon have

the satisfaction of noting the entire cessation of the hemorrhage. The pulse would rally, and the patient be soon able to speak and shower down blessings on my head. These are cases when we have the positive assurance of saving a human life. The remedies which I have found to be the most useful in these cases are ustilago, first decimal trituration, and china off in the mother tincture.

ACCIDENTAL ABORTION.

By this term we refer to the occasion where from some condition, either on the part of the fœtus or mother, there is a tendency to a spontaneous evacuation of the whole or part of the contents of the uterus prior to the time of natural labor. I am convinced that most cases of so-called accidental abortion are designed and criminal. When called to attend in a case of accidental abortion it should be our earnest duty to arrest its further progress, the entreaties of patient and friends to the contrary notwithstanding.

This recommendation is based on the supposition that such a procedure will not endanger the life of our patient.

If upon examination we find the external os uteri slightly dilated the internal os closed, hemorrhage slight, notwithstanding the pains may be quite severe, yet by absolute rest in the recumbent position, and the internal administration of ustilaga, sixth to twelfth attenuation, or viburnum prunifolium in the fluid extract in water, we can almost invariably arrest the further progress of the abortion or miscarriage. If, on the contrary, the hemorrhage is profuse, the internal os open and the membrane or fœtus protruding, or within reach of the finger even, we should not attempt to save the fœtus but use the means to expedite its evacuation at the earliest possible moment.

We should in such cases proceed as recommended under the head of justifiable abortion. If we find the membranes

presenting intact, we should not disturb them but leave them entire (unless alarming hemorrhage or other conditions arise, rendering it necessary to hurry matters) with the hopes that the foetus and placenta will be expelled together. Too much meddling in such cases will destroy their integrity and make the case more tedious and perplexing.

CRIMINAL ABORTION.

By this term we refer to the occasion when our patient, a physician or some accomplice have used means to produce the expulsion of the contents of an impregnated uterus. The time usually selected for such nefarious practice is from the first to fourth month inclusive of utero-gestation.

The methods usually resorted to are either the by administration of medicines, the injection of fluids into the cavity of the uterus or by the use of some improvised rude instrument or one manufactured purposely for such vile purposes. There is no more dangerous position to place a woman than in the hands of an irregular unlearned abortionist, or to use means herself "to get rid of the critter." And a physician who is called to attend a woman who has fallen a victim to such deviltry either by her own hands or that of another, has a responsibility resting upon him rarely encountered in his professional career. When called in such cases we should exercise that acumen which will enable us either to arrest the further progress of the abortion, or what is more frequently necessary, facilitate the expulsion of the foetus and placenta in the quickest way possible.

If we find that some instrument has been used, or injections resorted to, the patient suffering from chills and febrile symptoms or as occurred in a case which I saw in consultation with a brother physician, symptoms of icterus gravidarum rapidly developed, then the sooner we empty the uterus the better. At this time nothing is

better than either to dilate the cervix rapidly and remove the contents as recommended under the head of duties in justifiable abortion, or to introduce a sponge test of as large a size as possible into the cervical canal retaining it there by means of a vaginal tampon and give internally one-half drachm doses of Squibb's ergot, or the first decimal trituration of ustilago every hour. We may find the cervical canal very much injured or we may find that some instrument has even penetrated the walls of the uterus and entered the cavity of the abdomen as I believe occurred recently in a case that came under my care for treatment. In such cases we may apprehend danger from perimetritis or septicæmia, yet by removing immediately and entirely the contents of the uterus, using vaginal and intra uterine injections of warm carbolized water or a warm solution of permanganate of potassa, giving internally Norwood's tincture of veratrum viride and belladonna we can often, indeed, in the large majority of cases rescue our patient from apparently impending death. A patient who has passed through the siege of an abortion or premature labor should exercise the same caution in getting up as in labor at term. Such Mr. President and ladies and gentlemen are some of the duties of physicians in abortion and premature labor. It may be that I have omitted mentioning some very important duty, or possibly some recommendation I have made may not accord with the views of some present. If such is the case I do most earnestly request you to give us your advice and method of management.

I now submit this paper to this society for discussion and criticism, hoping at least that I have opened a subject which by bringing out the experience of the members present, will be the means of enabling us to save many valuable lives and enhance the reputation of every member of the society.

HISTORY OF A CASE OF PUERPERAL ECLAMPSIA.

BY DR. WILLIAM R. BARTLETT, CHICOPEE, MASS.

Read before the Massachusetts Surgical and Gynecological Society.

Called June 10th, 1878 to Mrs. R. Third confinement in less than five years of married life. Had also suffered from one miscarriage.

Arrived at the bedside at 11:30 P. M. Labor had been in progress several hours. Upon examination found head in superior strait, just engaging, membranes intact. Ruptured the membranes. Pains exceedingly spasmodic. Labor was soon accomplished, child living. Sprang up in bed as soon as delivered and asked if child was marked in any way. Afterbirth soon detached and came away. Patient seemed restless and in an hour or so began to complain of pain in the frontal region, sharp, severe pain. Also sharp, pains in epigastric and right hypochondriac regions. Pulse 65, full and strong. At 8:30 A. M. she commenced to vomit bilious matter in large quantities. I prescribed ipecac, and the vomiting and retching ceased. Patient slept about an hour then waked and complained of former pain, but with no renewal of vomiting. At 12:45 I was sent for and found her in spasm, very violent, lasting twenty minutes and then gradually emerging into a comatose state with stertor. When this first spasm commenced the patient uttered a shrill scream and from that moment was unconscious and remained so till her death some 36 hours afterwards, and during this time had 48 distinct convulsions. Chloroform was almost constantly used and bell. hyosc. principally used for medication. In the afternoon had consultation with Dr. Collins, of Springfield, who advised alternation of opium with hyoscyamus. Injections by the rectum brought away but little dark green fæces. The urine which was drawn every 6 hours;

was thick, ropy and brownish. Upon examination showed only a trace of albumen but the salts of the bile were present in large quantities as tested by Penttentofer's tests. I had known the patient only a few months previous to her confinement. During that time I had treated her for constipation of the bowels and she had a daily evacuation before being confined. There had been no swelling of the limbs.

The patient had been rather despondent for the year previous to her death and several of her friends dying suddenly about the time she first consulted me added to her melancholy. It seems to me quite evident that the immediate cause of her death was not from uræmic but from biliary poison in the blood, in a word, cholæmia.

P. S.—At no time during the forenoon, that is the morning after confinement, was the pulse above 70; rather fuller than usual, but very distinct.

A CASE OF MYXO-SARCOMA OF THE INFERIOR MAXILLARY, RECURRING DURING PREGNANCY.

BY ARTHUR T. HILLS, M.D., NEW YORK.

Mrs. C., at the age 11 years, noticed a fungous growth protruding from between the molars of the left inferior maxilla; it bled profusely upon the slightest manipulations. The growth was treated from time to time by different physicians, by different methods, it being incised, ligated, and even excision of a portion of the jaw was resorted to, which seemed to produce the desired effect, and the growth was supposed to be cured.

At the age of 22 years she was married, and two years afterward became *enceinte*. When about four months

pregnant she noticed that the fungus growth had again made its appearance, and was growing rapidly ; it was then removed by ligature, but only to recur again. At length the child was born, and the tumor disappeared, and the jaw became seemingly healthy. Two years later she became *enceinte* again, and again the fungus growth was noticed in the same position upon the jaw. Caustics were applied, but without any lasting benefit ; the ligature was again resorted to and the tumor removed. The child was born and the growth has not recurred. A microscopical examination of the tumor was made by Dr. Heitzman, and he found it to be a myxo-sarcoma. The case is interesting, inasmuch as the tumor occurred only during pregnancy, and the children were perfectly healthy. I do not find a similar case upon record.

RETENTION OF URINE AND DEATH FROM PERITONITIS.

BY H. R. BROWN, M.D., LONDON, N. H.

(Read before the Massachusetts Surgical and Gynæcological Society.)

May seventh was called to see Charles J., a well-to-do farmer, age about 60.

History of case as follows: He had always been a hard-working man and was never sick enough before to call a physician, but for eight or ten years had suffered from difficult urination, which difficulty had for some months been increasing so that at times he could only pass his water in drops, and with much straining. For some years had been growing fleshy, and at this time weighed something over two hundred pounds. Had never suffered from any venereal disease and knew no cause for his condition.

His bladder was full and he was constantly trying to empty it by straining, but without success.

Gave him cantharis 3d. every half hour for three hours; then, as he got no relief, determined to use the only catheter I had with me, a No. 9 silver, which passed readily *without resistance* and with very slight discomfort to the patient, seemingly into the bladder. But to my surprise not urine, but a few drops of blood, passed the instrument, which, on being withdrawn, was filled with firm coagula. In about fifteen minutes, however, urine commenced dribbling away; this increasing, and affording him so much relief, that I determined not to interfere further then, and left him for the night, continuing the same medicine.

May 8.—Patient passed a tolerably comfortable night, getting some sleep, though annoyed by the dribbling urine; found him sitting in a chair with quite a puddle on the floor, and water still dripping; said he felt pretty comfortable. Continued the same medicine.

Two hours later, when passing the house, his daughter called me in. Urine ceased flowing soon after I left the house, and now he was as bad off as at first.

I then attempted to pass a No. 11 gum elastic catheter without success; it passed readily to the neck of the bladder but would go no further. The No. 9 passed again into the false passage. I then asked counsel, and Dr. R., of Concord was called. He tried to use a No. 11 silver catheter without success; on attempting to pass a No. 9, it went into the false passage. He finally evacuated the bladder with a soft rubber No. 9.

May 10.—Left arnica 3d for him to take every hour; as there was some dribbling of urine did not use the catheter.

May 11.—Same condition as at first; tried faithfully to use the soft rubber catheter without avail.

Dr. H., of Concord was then called. Said he used the No. 11 without trouble. I was not present.

May 12.—Condition of patient same as at first. Gave cannabis every hour and remained with him through the day. Up to the night of the 12th he had no fever; no tenderness of bowels; no tympanitis. Dr. H. came about midnight; he attempted to pass the catheter again but at the neck of the bladder met with same resistance that I had found. He finally forced a passage into the bladder and drew of a quart of urine and blood; the instrument was then tied in. Patient was in terrible pain, and only kept quiet by quarter grain doses of morphine.

May 13.—Patient in great pain, bowels tympanitic; very tender; finding no urine passed through the catheter, removed it, and from the time of its removal until his death, about fifteen hours, there was a constant dribbling of blood, to the amount of a quart or more. He died at 1 o'clock P. M. of the 14th.

Owing to the extreme heat requiring the burial of the body within twenty-four hours, and my not having a dissecting case with me (I was six miles from home) an autopsy was not held.

From the unfortunate termination of this case the following questions suggest themselves to me. What was the probable cause and exact nature of the trouble? To what extent was the bladder or urethra injured? Was that the cause of the peritonitis? Would it have been better to use the aspirator? And, more than all, would it not have been better to rely upon medicine alone? And, was it possible for medicine to relieve the trouble.

INFANTILE ECZEMA.

BY DR. A. MCNEIL, NEW ALBANY, IND.

I beg the indulgence of your readers while I endeavor to show some of the errors contained in the article with the above caption on page 326, Vol. I of your journal. I do this as a disagreeable duty, for if such views were allowed to go unopposed much harm would be the result.

I might show that Dr. Edmond's definition is faulty and that when eczema attacks children that there is no reason why it should be considered a distinct form of the disease any more than when intermittent fever occurs in a patient of tender age that it should be considered a different disease. But the chief error is in the therapeutics of the said article.

As to the dietetic management I will not find any fault.

The Doctor says "The great internal remedy is arsenic at about the second or third decimal trituration." Of course the dose is all important, and again he says "its use amounts almost to a mathematical certainty with suitable diet and proper local appliances." Prof. Hebra, of Vienna, is the great authority in dermatology. He says of it "Hebra und Kapesi Haut krank heiten" Band I, page 466, "We cannot, unfortunately, agree with the English and French authors who claim for arsenic a blood-purifying and eczema-curing action." This, let it be remembered, is from one who had treated at the time he wrote the above 100,000 cases of skin disease. But some one says Hebra used allopathic doses while Dr. Edmond's admirers "homœopathic" ones. Well, let us see if that makes the difference. I quote again from the above volume, page 363, "Of Fowler's solution which it is well known contains one grain of arsenic in one and a half fluid drachms, — 90 drops, give six drops a day." This is the dose for an adult. We thus perceive that that the adult patient gets 1-15 of a grain of

arsenic each day. I now turn to Dr. E. again ; he says : " My favorite prescription is a half grain of the second decimal trituration three times a day, *i. e.*, the patient a child unless a very young infant gets the 1-60 of a grain of arsenic. In graduating the dose according to age, Hebra would only give 1-4 as much, viz., 1-60 of a grain to the patients of the age of Dr. E's. But that dose had proved so useless that he described its use as being worthless. But Dr. E. has found its administration " amounts almost to a mathematical certainty." Ergo, 1-60 of a grain of arsenic given by an illustrations allopath is worthless, but if given by a *homœopath* it becomes almost unfailing. But again some member of our school says that homœopaths individualize better than allopaths, consequently the former are more successful. Let us look again. Dr. E. says: " I usually prescribe it at once and in every case." Hebra says on page 467: " Arsenic should only be given where there is an eczema occupying the entire surface, which has existed a long time, with which there is simultaneously poor digestion and want of appetite." Well, let that pass.

But perhaps it is urged that Dr. E.'s external applications do the work. Oxide of zinc ointment is the panacea. Well, Hebra mentions an ointment similar to the above and many others, and says that it is immaterial what ointment is used; that it is the softening of the roots and the removal thereby that does all the benefit, and we may use one with just as much advantage as the other as long as the object is accomplished. But here again we may perceive with how much greater advantage a homœopath may employ the same means in the cure of a disease.

But Dr. E. has had brilliant success in treating acute eczema. Let us hear Hebra on this form of the disease. He says, page 479: " Experience has taught that in acute eczema all active treatment aggravates rather than im-

proves. In fact, warm and cold baths, ointments, tar, soft soap, the different preparations of sulphur, etc., add to the eruption, increase the inflammation of the skin, and do not alleviate the disagreeable sensations, as itching, burning and pain. In this form in this century the expectant treatment has won the most laurels." He then says that placebos may be employed to please the patient, so that the disease will get well itself. Here again may be seen the importance of homœopathic treatment. True, it will get well in a short time any way, but Dr. E.'s modesty would of course entitle him to the benefit of the recovery.

We are then treated to a lecture, in which the doctor very cruelly refuses his sympathy to the theory, and of course to those of us who believe in it, that harm may arise from drying up eruptions by external applications. But I would ask the doctor to be so good as to explain how that, in a case that came under my observation that a woman who had for twenty-five years been alternately tormented by attacks of the most excruciating colic or annoyed by an ulcer on the leg—never both at once—but a healing of the ulcer was always followed by colic, which never existed as long as the sore was running. I would also ask him to explain how that idiots may be seen with well-formed heads, the idiocy dating from the disappearance of eczema capites which followed the application of zinc and lead ointments. Such cases can be shown to him. True, the doctor may not accept such as proof, but they are like Sam Weller's remarkable coincidences. As for the accumulations of the crusts and secretions, I never saw a case of eczema or any other itching eruption in which the patient would not relieve me from anxiety from that source with his nails.

The doctor has given us a case of his. Permit me to give one of Prof. Ad. Lippe's: "I was afflicted with eczema impetiginosum in the popliteal spaces of both

legs, extending along the posterior aspect of the lower third of the thighs and over the upper third of the legs. It had continued for about five years. I had exhausted my skill on it. I consulted the homœopathic societies of Indiana and Kentucky only once, and I got temporary relief. I took sulp. lypen, selenium, phos., lycopod, &c., mostly in the 200. I then wrote a careful description of the eruption and every morbid manifestation about me to Dr. Ad. Lippe. He sent me four powders, to be taken consecutively, the first lycop. 4 m., the second lyc. 43 m., the third lyc. 100 m., the fourth lyc. m. m., and not to repeat till the action of each dose was exhausted. The result was that I was cured and no relapse has followed, although Hebra states that that form of chronic eczema is very liable to relapse.

The doctor makes a fling at our *materia medica*. He doubts its credibility. If I were on a jury and a witness was brought to impeach the truthfulness of another, of whom he did not know more than Dr. E. does of homœopathic *materia medica*, I would say his knowledge of the witness did not entitle his evidence to any weight. For any one who sets up arsenic as the specific for eczema needs an introduction to our *materia medica*.

Why should homœopaths go to allopaths for aid? Let every one read carefully old school works and he will see that they have nothing that we need. They are more at a loss than we can possibly be. It would be as sensible for an American farmer to try to borrow food from a starving Irish peasant. And what is the most surprising is to see professed homœopaths pick up a remedy that has proved worthless in the hands of the regulars, and give it in the same dose and report marvelous cures.

INFANT FEEDING.

BY GEO. M. OCKFORD, M. D., BURLINGTON, VERMONT.

The last number of the *Jour. of Obstet.* contained a discussion or a paper of Dr. Farrington's on infant feeding, in which Horlick's food was recommended. I have also seen good results from its employment. The same I can say of Ridge's imperial granum and others. For very young infants (say under four months), however, I have found condensed milk to be pre-eminently useful. In cases in which fresh milk was incapable of being digested, I have found condensed milk to be readily assimilated and the children to thrive upon it. The brands that have proven the best in my hands have been the American "Alderney" and the Swiss. My plan is to direct it to be given largely diluted with water, but of course not sufficient to destroy its usefulness in satisfying the hunger or nourishing the child. After the fifth month is passed I allow some form of farinaceous food, but always thoroughly cooked. Some will thrive on flour gruel, the flour having been previously baked or boiled for a number of consecutive hours. Oatmeal answers for many cases, giving the strained gruel not oftener than twice a day, the rest of the meals being milk only. The excess of sugar in the condensed milk somewhat impairs its usefulness after the sixth month, and while it will fatten a child, the strength is more apparent than real. Still it may be used advantageously combined with other food. Beef tea is an exceedingly valuable article in the infantile dietary. It should be prepared by simmering in a closed dish in the oven, or on the back of the stove, exercising the greatest care to prevent its boiling and thereby coagulating the juices. It is not generally admissible in children under five months of age, and after that it fortifies the system against the depletion of dentition.

The various patent foods are useful, some agreeing with one and disagreeing with others. I have never experienced much difficulty with children whose diet has been milk during the early months of life, but cases in which farinaceous or vegetable food had been given during the first months frequently cause a good deal of trouble, and a great many cases of gastric disturbance can be traced to this early perversion of the functions of digestion. Children sometimes appear to thrive on farinaceous food from the first weeks of life, but the true test of proper development—the teeth—shows that there is a lack of the proper elements of nutrition, for most frequently such children are “backward in teething,” giving evidence that the food taken is not wholly assimilated. After the child has two or more teeth, a food that has proven most satisfactory in my hands is Nestles’ Lacteal Farina. One advantage of this food is its simple method of preparation with water only. In some very bad cases of cholera infantum occurring in my practice Nestles’ food proved of inestimable benefit.

Where infants are fed on fresh milk much may be gained by a judicious selection of the cow. The different kinds of feed increase or decrease the quantity of solid constituents, and if possible we should have an analysis, so that we might know what particular elements are in excess. Milk containing 88 per cent. of water would not require so much diluting as that containing 86 per cent. Then one variety may have 8 per cent. of casein and the other but 4 per cent., &c. The quantity of butter also varies with different varieties of milk. In selecting the milk for a child we should endeavor to find that which is rich in oily and caseous particles, and then add sufficient water to dilute it. The fact that the casein of cow’s milk is harder and coarser than that of human milk will explain the necessity for dilution, the excess of water serving to break up the casein. At the same

time, while water is necessary, it is highly important that the milk should be sufficiently rich to allow such dilution. Milk sugar produces a normal sweetness, and undergoes fermentation less readily than ordinary sugar. The addition of lime-water is frequently beneficial, especially when the cows are stall-fed. Where it could be done, I have occasionally had the milk freshly taken from the cow whenever the child received it, with the most happy results. Where cow's milk disagrees, goat's milk frequently answers, but some cases require whey, &c., &c. The addition of a small quantity of arrowroot to the milk will often prove serviceable in cases of severe intestinal irritation.

The number of "bottle-fed" babies constitutes so large a proportion of our little folks population, that light or partial light on methods of feeding may prove acceptable to the profession, and I hope others will do as I have done—give their experience in the matter.

CHOLERA INFANTUM.

BY T. C. DUNCAN, M. D., CHICAGO, ILL.

Read before the Illinois State Hom. Med. Soc.

In casting about for a subject to say a few words upon, I thought of many I would like to present for discussion that would absorb all the time, but I have concluded to present a few suggestions on gastro-enteritis (cholera-infantum) of children, occurring in early summer, and its treatment. Every season has peculiarities like different diseases that we must take into account.

The early cases are indicative of the character of those of the season. Already I have met a few cases of sharp attacks of gastro-enteric trouble that seem prophetic of a sickly summer. I think we will have a number of severe cases of gastro-enteritis (cholera infantum) to manage.

Perhaps in no disease does so much depend upon proper feeding as in this one, especially in its severe form. The indications for the treatment will, I think, as a rule, be so clear that none of you can mistake them. The sudden vomiting of everything taken into the stomach will suggest arsenicum. Possibly its adjuvants, belladonna on the inflammatory side, and veratrum on the collapse side, may also be needed. This chief remedy, arsenicum, seems so sharply indicated that it may aggravate, and will need to be given with caution and in a higher attenuation than usual.

A hint about food I want to call attention to is in reference to the prevalence of rheumatism, or, in other words, lithic acid retained in the system, which seems to particularly interfere with the digestion of caseine. Last year I made the discovery, after sad experience, that the attempt to feed cases of gastro-enteritis with milk was but adding fuel to the flame. The same is true this year, only, I think, more so. I have found that those cases recover most promptly where the stomach is given absolute rest. A child will not starve if it goes six, twelve, or even twenty-four hours without food. It will act hungry, and to appease this water may be given in very small quantities. Bits of crushed ice wrapped in a cloth are better, with a sip of water now and then. Crust coffee with a dash of milk in it, or even a little table coffee may be allowed if the child is old enough to take it. It is with nursing babies where the greatest trouble will be to control the feeding. Few mothers can resist the thirsty appeals of their infants, but after a few severe

vomitings after nursing they will conclude to follow your advice, to give its stomach a rest. With babies fed on cows' milk it will be imperative to suspend the feeding for a time, and then resume gradually and cautiously. It is useless, nay, harmful, to feed a child cows' milk that vomits it in large curds. The artificial foods will be called for frequently. I never prescribed them so often as I did last season, and I expect to use them still more this summer, chiefly because they are so easily digested. Corn starch, well cooked with *scalded* milk, will form a very excellent diet in many of these cases. I emphasize *scalded*, for by that means we drive off sulphuretted hydrogen gas and much of the free lactic acid that all cows' milk contains an excess of, which is frequently the cause of the disease under consideration.

The particular point I want to emphasize is that such cases are aggravated, rendered grave, and often fatal, chiefly from improper feeding. Improper feeding is often the cause of the attack. The frequency of rheumatic and erysipelatous attacks among children, and the ease with which inflammations of the serous membranes have been aroused during the cold months, particularly of the pleura and meninges of the brain, lead me to anticipate many cases of inflammation involving all the coats of the intestines, and particularly of their serous covering. I have already met cases where the inflammation apparently commenced in the serous membrane; at least the sharp pain, distress and fever indicated as much to me. Enteritis, like meningitis, is a very grave disease in young children. I have come to look upon the fever as an index that the attack may be prolonged by extensive inflammation. The more severe the vomiting the greater the prostration as a rule. The reaction is generally rapid. Now give the stomach rest and direct attention to head off the fever, and usually the attack is under control in twelve hours and the child out of danger

in forty-eight, a lingering diarrhœa being the only thing needing further attention. A hint about the clothing: The severe vomiting usually renders the change of clothing necessary, and we find it in its night-dress. While prostrate it should be warmly covered, but when reaction sets in the clothes should be loose and light. A young child rarely perspires; its fever does not abate in that way.

When seen early these cases are usually easily managed, but I believe you will all agree with me that many of them may only come to us after the disease is well established, or, worse yet, after the child has been "knocked in the head," as it were, with some powerful drug—opium, bromide of potassium, and the like.

SUB-ACUTE CHRONIC OVARITIS.

BY M. M. EATON, M.D., CINCINNATI, O.

Read at the 14th Annual Session of the Indiana Institute of Homœopathy,
Indianapolis, Ind., May 25th, 1880.

Sub-acute chronic ovaritis is usually overlooked by the general practitioner.

This makes it all the more worthy of our study, for in its results we have serious enough consequences to cause us to desire to avert them if possible by discovering and removing the irritation before these sad and often fatal results are reached.

We think that ovarian dropsy, fibro-cystic, fibrous and cartilaginous growths, hypertrophy, softening melanosis, scirrhus, and encephaloid of the ovary, as well as many cases of sterility and dysmenorrhœa are directly traceable to sub-acute chronic ovaritis.

This is an astounding array of sad results from a disease generally overlooked.

I may also say in interlude that acute inflammation of the ovary, which so often results in abscess, is many times incorrectly diagnosed, but I will have no time to go into all the detail of all the diseases of the ovary at this time, and I desire to call attention to sub-acute chronic ovaritis especially, not to instruct you, but to awaken discussion and investigation on your part, that in the future we may all learn more of this disease and be better able to diagnose and treat it.

The ovary is supplied with blood from branches of the spermatic arteries, which with the veins make a complicated network of vessels, which become distended in chronic sub-acute ovaritis, and in congestion as well as active inflammation.

The nerves are supplied to the ovaries from the renal plexus. The absorbents are few and empty into those of the kidney. Its structure is oval, composed of a stroma which is made up of white fibrous and yellow elastic, with some muscular tissue. Imbedded in this stroma, are the blood vessels and nerves and innumerable Graafian follicles in various stages of development. Those most developed being situated near the surface of the organ. The ovary has two coverings, the inner one being firm, fibrous tissue, the outer being peritoneal membrane.

The process of ovulation normally consists of the development of an ovum in the Graafian follicle nearest the surface of the organ into what is termed the Graafian vesicle, which is a sort of softening of the fibrous tissue and peritoneum above the follicle, and an enlargement of its own dimensions, so that finally, at the completion of the monthly epoch and in some women oftener, the ovum is set loose from the ovary, is clasped by the finbriated extremity of the fallopian tube and finds its way through it to the uterine cavity, and finally passes off per vaginam.

By noticing these various physiological changes, and

also being reminded that in the escape of the ovum from the Graafian vesicle a laceration of tissue takes place, and that there is generally an oozing of a few drops of blood or plastic matter into the space left by the escaped ovum, and that there is for some time a sort of scar called the corpus luteum remaining at this point, we may perhaps be led to appreciate how readily a sub-acute inflammation might interfere with healthy ovulation, producing painful menstruation ; or the more serious consequences I have just mentioned.

By some mysterious process, which we call natural physiological law, the ova are continually developing in the Graafian follicles.

Can we not see how readily a slow inflammatory action might interfere with this process, especially if the irritation be largely in the outer part of the organ, causing an effusion of plastic material (such as is thrown out beneath the mucous membrane of the cervix in endo-cervicitis) which organizes, to produce thickening and induration, especially affecting the coats of the ovary, and thereby preventing ovulation ?

Hence the ovum is retained in the Graafian vesicle and the vesicle becomes a cyst. The other ova are retained afterwards from the same cause and become smaller cysts, or some times rival the first in size. Owing to the irritation of the cyst, the fibrous tissue increases in volume and we have the fibro-cystic growth, or we have the development of malignant disease from the irritation of these retained ova, in the case of the cancerous diathesis—or in the more favorable case, of pure blood, and general glandular activity ; the failure of the ovum to escape simply causes barrenness (if both ovaries are affected), without producing any diseased action or growth. Or we may have retention of this ovum and impregnation follow, which may develop into the dermoid cyst containing teeth, bones, hair, etc., or a perfect ovarian conception may occasionally occur.

Diagnosis.—How shall we discover chronic sub-acute ovaritis?

First negatively, by having various symptoms which we would ordinarily suppose point to uterine disease; which upon physical examination we find is not present. We may mistrust it, from having dysmenorrhœa without any displacement of the uterus, constriction of the neck, or endo-metritis.

We have in these cases a sense of weight in the pelvis in most cases, still no displacement, or only slight prolapse of the uterus. With rectal examination we detect the ovary swollen and tender, if we press down deeply over the pubis with the other hand.

Differentially we note, that in pelvic cellulitis, which we are most likely to confound with ovaritis, there is much more general tenderness on one or all sides of the vagina, and the swelling produced from cellulitis can be felt in the vagina, hard and apparently immovable, much like an exostosis, from some part of the bony pelvis, though tender in the case of cellulitis. Generally in *sub-acute ovaritis* we have a deep, burning pain in the pelvis. When from shortness of the finger, or height of the organ, we cannot reach it by rectal examination, we must make the diagnosis negatively as suggested, and from the pain of a burning character in the pelvis, great pain in menstruation, with no discoverable uterine difficulty to explain it, with a failure to relieve the pain with neuralgic or rheumatic remedies. Altogether we may make a very very clear diagnosis of this disease.

Etiology.—Complete amenorrhœa is conducive of this disease as is partial suppression of menstruation from cold taken at the menstrual period. Excessive coitus, onanism and the taking of strong emenagogue medicines to produce abortion, are among the most frequent causes, though the ovaritis may result from a continuation of inflammation in the endometrium and Fallopian tubes and

from gonorrhœa in the same way ; or they may be left in a state of sub-acute inflammation after general acute inflammation of the pelvic organs ; or after peritonitis.

Treatment.—The first principle of treatment should be to put a stop to the exciting cause, after which, in case of amenorrhœa, the use of a gentle current of electricity with one electrode inserted into the vagina and the other applied to the lower portion of the spine will be of much service.

In addition to this treatment used once in three days, we may give the usual homœopathic remedies in amenorrhœa. Mustard sinapisms to the small of the back, and over the iliac regions, are of much service. Relieve constipation by enemata of water daily or twice a day, used regularly. After the menstrual flow is re-established and bowels regulated, remedies which act upon the general glandular system are useful in order to promote absorption. If the case is not of too long standing we may hope to observe a complete restoration to health in those cases where we simply have arrest of ovulation but in case of the development of the dermoid, or other cystic formations as fibrous growths, of course, the case calls for operative measures and can no longer be termed ovaritis, but it was in regard to the early diagnosis of sub-acute ovaritis, in order to prevent these results, that I have called attention to this subject.

REMEDIES IN CHRONIC SUB-ACUTE OVARITIS.

The most prominent remedies in chronic sub-acute ovaritis are bry., ars. iodid., phytolac. dec., apis, nux, china, arseniate of china, puls., mocratine, cantharides, &c.

Bry. is indicated where the disease is complicated with irritation of the mucous membranes, mucous diarrhœa, chronic pleuritis, pain worse on motion, constipation, &c.

Ars. iodid. is indicated where there is thirst, chilliness, restlessness, enlargement of any of the glands of the body, debility, &c.

Phytolac. dec., where we have reason to suspect a cancerous predisposition, with torpid glandular action in plethoric women.

Apis, where the burning, stinging pain is a prominent symptom.

Nux, where the patient suffers from constipation, is weak, has a poor appetite and digestion, &c.

China, where the patient is greatly exhausted, has night sweats, loss of appetite, white tongue, hot flashes, dry skin at times, alternating with profuse perspiration.

Arsenate of china, where the symptoms are similar to china, with thirst and nausea, alternating hot and cold over the body, followed by profuse perspiration.

Puls., where the patient has amenorrhœa originating from cold, wet feet, pains in the back, intermitting pains in the ovaries, loss of appetite, &c.

Mocратine, where there is obstinate amenorrhœa, hysterical symptoms, congestions in other parts of the body remote from the pelvis, &c., &c.

Cantharides, for loss of sexual desire, pain in the back of the head and neck.

HOOR-GLASS CONTRACTIONS.

BY GERTRUDE A. GOEWY, M. D., BROOKLYN, N. Y.

In reading the articles on hour-glass contractions in the January and March numbers of *American Homœopath*, brought to my mind a case I had a few years ago. Mrs. H. came under my care during the sixth month of pregnancy.

I found her flowing profusely, and the first thought suggested to my mind was, that it might be a case of placenta prævia. After questioning her closely, and gaining her confidence, I felt a little more sure of my diagnosis, she having admitted that she endeavored to

bring on premature labor by the aid of instruments. Then I concluded I had accidental hemorrhage to deal with.

She also stated that at the third month she had taken ergot, which having proved ineffectual she resorted to the latter measure.

Upon examination per vaginum, I found the os slightly dilated, but my finger did not come in contact with that soft spongy mass like a clot of blood, only of more firmness and consistency indicative of placenta prævia.

I had no trouble in controlling the hemorrhage but insisted upon rest in the recumbent position and in a week my patient was up again.

But she was not satisfied, and seemed fully determined to get rid of the fœtus, as in two weeks I was again summoned to her bedside.

This time labor pains had set in and a dead child was the result of her manipulations which was already undergoing decomposition.

There was very little hemorrhage but when I attempted to remove the placenta, I found I had hour-glass contractions to overcome. Hour-glass contractions can be recognized by the shape of the uterus, and the resistance it presents at the internal orifice, by the placenta and the manipulator.

I found the uterus hard and contracted through the abdominal walls. Usually there is no discharge of coagula, and very often no flow of blood.

In some cases we can wait a reasonable time, if there is no alarming symptoms, in other cases if hemorrhage is profuse then we must attempt dilatation.

I did not make traction on the cord, as it generally proves ineffectual in irregular uterine contractions.

But I was soon startled by the extreme pallor of her countenance, and syncope coming on, her feeble pulse, the room growing dark to her, etc.

I feared occult hemorrhage, when she said to me: "Oh, Doctor, I am dying; there is such a ringing in my ears." I immediately put ten drops of cinchonia in a half glass of water, and gave her two teaspoonsful, repeating it in five minutes.

After the second dose, I introduced my hand and found the constricted portion dilating. Being fully satisfied that there were no adhesions, I grasp firmly the placenta, but my hand seemed held, when all at once the contractions were symmetrical and my hand and placenta were expelled simultaneously. The patient soon rallied from the faintness and exhaustion, and had a good getting up.

This query presents itself to my mind:

Did her previous manipulations, and the loss of blood produce the hour glass contractions, or have anything to do with it? The diagnosis between accidental hemorrhage, and unavoidable hemorrhage can be usually readily recognized. Accidental hemorrhage may be due to several causes, as mechanical injury, blows, violence, mental emotions, etc. The shock produced from emotional causes may result in hyperæmia. The blood may be unequally distributed to some parts, and the hemorrhage may not occur immediately, because the extravasation is gradual. Accidental hemorrhage takes place in the interval between the pain, the os uteri is free, and the lips have not their usual thickness, the membranes can be felt.

In unavoidable or spontaneous hemorrhage the hemorrhage may occur at once, even while the patient is sleeping, and usually occurs during a pain, the os dilates, and with such pain a portion of the placenta peels off, and the hemorrhage is repeated.

Separation of the placenta may be the result (after the seventh month), from weakness of the uterine tissue, and is more frequently met with in multiparæ, from repeated pregnancy or poverty of the blood.

Fibrous or calcareous degeneration of the placenta or the fatty degeneration of the uterus, will cause a separation of the placenta. In placenta prævia the blood comes directly from the uterine or placental vessels into the vagina, and the blood becomes coagulated, while in accidental hemorrhage the coagulation does not take place in the vagina.

Placenta prævia mostly occurs in pluriparæ. The placenta is usually attached to the upper polar circle or fudal zone. When the placenta is attached to the cervical zone or cervico-orificial we have placenta prævia centralis, and the cause of the flooding must be the rupture of some of the uterine placental vessels, or there may be dilatation of the internal orifice of the cervix, or at the uterine extremity.

Levut says latero-cervical attachments are the most frequent cause of tedious labor and post-partum hemorrhages. In hour-glass contractions, one portion contracts and the other does not. The contractions are not symmetrical, but fortunately hour-glass contractions, and adherent placenta are rare.

Dr Boocock says, in his article on hour-glass contractions, that he thought they might have been produced by the patient from pressure over the abdomen. Inertia I think is often produced by the patient bearing down, and external pressure during a pain. We should not encourage our patients in doing so—better to let nature take its course.

Then again, in some cases the placenta is so soft that it is not easily expelled.

It is necessary to have some firmness to expel the placenta without manual assistance.

Kneading and the expressive method is more frequently resorted to, however, than is always justifiable. Those cases must be individualized just the same as in

treating other diseases. The uterus is not a soft sponge, to be squeezed at random.

I was very much pleased to read Dr. Pierson's remarks upon this subject, in his comment's upon Dr. Rice's paper, and the thought often suggests itself to my mind that if the male sex had to go through the suffering entailed upon women through offspring, they would be a little more careful of their manipulation.

In conclusion, I would state that the asthenic condition of the patient produced by the large amount of blood lost at my first visit, and the ringing in the ears like bells, vertigo, cold perspiration, syncope, feeble or lost pulse, and also retained placenta, induced me to give china. Whether I would have succeeded as well in removing the placenta without the china I cannot tell.

OBSTETRIC NOTES.

BY ROBERT BOOCOCK, COXSACKIE, N. Y.

I appreciate the great and intellectual feast of good things contained in your journal and wish to express a few thoughts suggested by some of the articles in the February issue. Had the papers been read at some of our meetings there would have been opportunity for remarks, and discussion called out by some good paper, is often of great practical utility, while the experiences so given may not be sufficient for an article. In the article on abortion a few more words can be said on retained placenta. A Mrs. D. came to me complaining of pain and intermitting flowing, not regularly, but for a day or part of a day and then missing two or three. Found upon examination that she was pregnant, and wondered how she could endure riding seven miles over such rough roads. Advised that she get to a place of safety, where she could lie down and rest, as I was fearful she would be taken

sick in my office. I gave her cin. r. 2d. Was told she rode home that night and three weeks after was called. She had been taken with severe labor pains at 11 P. M. Sunday night, and I was called at 11 A. M. Monday. Passed a three months foetus at 1 A. M. and some flow. The os was closed and very hard, the parts very sore; the condition was dangerous. Having used cin. r. 3d and having confidence in it I gave it with gelsemium 3d to soften and expand the os and also left some ipec. 1d to be used if the flow came on very suddenly, and departed with directions to be called so soon as the pain came on. Tuesday no change, continued cin. r. Wednesday only change was some fever, and a slight softening of the os, continued cin. r and gave ver. v to keep down the fever. There was also a badly smelling lochia; about midnight pains came on, and a large substance was passed, which was thrown away. I thought it to be the placenta from the description given, flow continued, but not very copious. I gave sabina to check the hemorrhage and china as a uterine tonic. Matters continued about the same until Thursday at midnight or at 1 A. M. Friday morning the pains came on very severe and a very large mass came away, which, being kept for me to see proved to be the remnants of the placenta; the Ipec. powders did good service and kept in check the flow with sabina and china previously given. Patient made a good recovery.

We would suggest as a desirable change in obstetric practice, that by some arrangement or law, every woman should be advised or compelled to engage her physician not less than thirty days before term, in order that she may be benefited by that which experience teaches, the aid which such medicines as cim. r., lob. i., sepia and puls. can give. These will save her from very much suffering and shorten the time of labor.

Dr. Howland's article on Marasmus is excellent and the

cause of many cases clearly defined, another cause not often stated may be added, I refer to sexual indulgence. In many, amorous failings are greater, and indulged in more when conception has taken place, but it entails a catalogue of evils on the offspring. It would not be unprofitable study, to find out who are the strongest people in the world to-day, and why are they so. I have a strong belief that the cause of their strength is the prohibition of sexual intercourse after conception has taken place, and if this is so, a cause of our physical decline may be found as it has been among many historical nations.

In treating cases of marasmus in addition to the lime medicine, give patients plenty of fresh cabbage in any state of cooking, and you will be sure to see improvement.

Rickets and broken bones are very much benefited by this useful vegetable.

To prevent mammary abscesses, I give a lotion of phytolac and the same internally. I had a recent case, a Mrs. M. of Otsegoles, N. Y., a very stout lady who had suffered ten weeks and in spite of the best allopathy care, went from bad to worse. When called found her suffering severely, breast much swollen. They were full of old scars, and were throbbing and burning, she had no use of her arms. I mixed in my Phytolaca lotion $\frac{1}{4}$ oz of tincture to a pint of water, and gave Bry. and Phy. 3 one teaspoonful every hour in alternation, clothes to be wet in the lotion and laid on the breast so as to cover them and to be changed as fast as they dried, by night the pain was gone and throbbing also, and in eight days was well, this lotion and treatment will cure every case.

HIERACIUM VENOSUM—RATTLESNAKE WEED.

BY THE EDITOR.

The tincture of *Hieracium Venosum* largely diluted with water, makes a most excellent external application for "ivy poisoning" and the bites of poisonous insects. It is now something over two years since our attention was first called to this plant as a remedy for the troublesome affections arriving from exposure to the deleterious effects of sumach and other poisonous plants. Since that time we have had considerable experience with this class of diseases, and in every instance, without an exception have found the tinct of *hieracium venosum* applied externally, to give prompt and most satisfactory results. A number of professional friends also, during this same period have been experimenting with it, and so far we have received but one report of failure. Dr E. T. Richardson of Brooklyn, N. Y., reports a severe case of poisoning of the lower extremities in a woman from *rhus venenata*, where *hieracium* though early and faithfully tried, proved of no avail. As a remedy for mosquito bites it certainly has no equal. One application being sufficient to neutralize the sting and instantly allay all irritation, this one fact of itself should be sufficient to induce a wide-spread knowledge of its virtue.

The plant grows wild throughout the United States, and will usually be found in dry, sandy ground, under or in the neighborhood of pine trees. The proper time to gather the plant is during the month of August, and we would advise physicians not to let the summer pass without providing themselves with a supply of the tincture. Reports of experiments with this drug in the above mentioned diseases are respectfully solicited by the writer.

Communications have been received from Drs. William H. Bigler, Philadelphia, on "Anterior Obliquity of the Uterus, a frequent cause of tedious labor, its treatment." George W. Ockford, Burlington, Vt., on "Pelvic Cellulitis." Dr W. Budd Trites, on "Painless Labor." O. S. Runnels, Indianapolis, Ind., on "Laceration of the Cervix Uteri." S. T. Birdsall, Brooklyn, N. Y., on "Cases from Practice." M. J. Baner, New York, on "Placenta Praevia."

REVIEWS.

**WOOD'S LIBRARY OF STANDARD MEDICAL AUTHORS
FOR 1880.**

We have received the first four volumes for 1880 of Wood's Library of Standard Medical Authors.

Perhaps few, if any, of the progressive movements in modern medical science has been productive of greater benefit to the profession at large than that which the enterprising publishing house of Wm. Wood & Co., instituted in 1871. The scheme for supplying standard medical works at a nominal price has proved a grand success for which the profession should give thanks. The series of twelve volumes of really standard medical works published during 1879 has, we believe without exception, fully met the expectations of their numerous subscribers, by furnishing all, even more than they promised in their prospectus. The astonishingly low price of one dollar per volume placed them within the reach of all, even the impecunious medical student, and we are happy to believe that many a practitioner with scanty means has gradually, during the past year, enriched his library with just twelve volumes of valuable medical literature, by embracing this generous offer of Wm. Wood & Co.

The series of 1879 opened with a treatise on Rest and Pain by Hilton, a most fascinating book. By his easy and graceful flow of language the author carries one through the outs and ins of this intricate subject, with so little effort on the part of the reader, that he at once recognizes an exemplification of a portion of the title of the book, as its perusal induces the very essence of rest. All succeeding issues of this series show that those who had it in charge fully appreciated the needs and desires of the profession.

The series announced for 1880 will consist of twelve volumes of original and translated works, prepared and selected especially for this library.

Each volume will contain from two hundred and fifty to four hundred pages, and are issued in a more elegant form, the paper, illustrations and binding being of a far better quality than that of the first series. The Library

for 1880 will contain about one thousand pages more than the volumes of 1879 did. Each treatise has been written by some of our well-known practical workers and popular writers, eminent in their specialties; one volume appearing at the first of each month, and the whole series for the year 1880 will cost but fifteen dollars, an amount barely sufficient to purchase three ordinary volumes of medical literature.

These volumes are not sold separately, subscriptions must be for a complete year. The same amount and quality of recent medical literature cannot in any other way be had for treble the amount of the present subscription price. We would advise every physician in the land to subscribe at once. The publishers depend upon a large subscription list for remuneration in their laudable enterprise, and every physician is interested, or should be, in making the undertaking a success, for thereby is insured its continuance.

This series opens with a treatise on "The Venereal Diseases," a book of 348 pages, by E. L. Hays, A.M., M.D.

The aim of the author, as stated in the preface, has been to present the various venereal diseases as clearly as possible, avoiding such unnecessary refinement upon theoretical and mooted points as would be apt to lead to confusion or to error, and in this undertaking he has been entirely successful.

Speculation and controversy upon questionable points has been avoided, and the topic under consideration in every case has been elucidated in a most satisfactory, clear and comprehensive manner. All the important features connected with the diagnosis and pathology of venereal diseases are definitely and clearly presented. The therapeutics savors but little of the heroic past, and many portions of it crowd hard upon the borders of homœopathy. Believing it to be a reliable and by far the handiest book we have for ready reference to the topics on which it treats, we cordially recommend it to our readers.

The second volume in this series is a Treatise on "Foreign Bodies in Surgical Practice," by Alfred Soulet, M.D., Adjutant Surgeon Major, Inspector of the School for Military Medicine at Val-de-Grace. This is a new and

practical work on a new and interesting topic. This is the first attempt ever made to collect and bring together in one book all the material which is scattered throughout the annals of medicine concerning the question of foreign bodies. In fact, as the author says in his preface, this is a work which has no analogue in our classical literature. This is the most practical medical, or rather surgical, work that has been issued from the press in many a year. However well up a physician may be in regard to all the larger operations, he will frequently find himself not a little embarrassed and his surgical skill at fault, when suddenly meeting with some of even the simplest of foreign bodies in any of the natural passages. His classical knowledge has been insufficient to develop his ingenuity, or endow him with that boldness and positiveness demanded in the treatment of these cases. In such emergencies this book will be found a convenient and reliable guide; the busy practitioner, when befogged and still compelled to rely upon his own resources, can consult it with profit. The whole work is systematically arranged, and the cause, diagnosis, surgical and general treatment carefully laid down. Almost every conceivable accident in connection with foreign bodies is here treated of in full. The work consists of two volumes, each of about three hundred pages, and is handsomely illustrated by original wood engravings.

The fourth volume in the series is a "Hand-book of Physical Diagnosis," by Dr. Paul Guttman, Privat Do-cent in Medicine, University of Berlin; translated from the third German edition, illustrated with a large colored plate and eighty-nine fine wood engravings. The design of the book is to present a concise description of the various methods pursued in the clinical examination of the thoracic and abdominal organs in health and disease, and an estimate of the diagnostic value of the results so obtained. The different methods of exploring each organ and the account of the conditions likely to be met with is minutely detailed. The appendix on the examination of the larynx is the most complete and satisfactory of any paper upon the subject that has come under our observation. The method of using the laryngoscope is explained and illustrated with great clearness. The fact that this work has rapidly passed through three edi-

tions in Germany, and has been translated into English, French, Italian, Spanish and Russian indicates the value placed upon it by the profession.

PRICE CURRENT. Otis Clapp & Son, Boston and Providence.

This is a finely illustrated and beautifully bound catalogue of books and medical merchandise, sold by the New England Homœopathic Pharmacy.

THE HOMŒOPATHIC MEDICAL REGISTER, of New York, New Jersey and New England States. 1880.

Now ready, price one dollar. Bound in cloth. Contains an alphabetical list of Homœopathic physicians practicing in the cities of Boston, Brooklyn and New York, with their residences, office hours, college and date of graduation; also a list of physicians in each city and village of these States. A. L. Chatterton Publishing Co., New York.

HOMŒOPATHIC GAZETTEER for 1880, by EUGENE A. GUILBERT, is out.

It contains the names and addresses of all the Homœopathic physicians in ten Western and Southern States (983 names), all correct to date and reliable. Price fifty cents.

THE PHYSICIAN'S OBSTETRICAL REGISTER, By Jos. M. Reeves, M. D., Assistant Demonstrator of Anatomy in the Hahnemann Medical College, Philadelphia. Boericke & Tafel, Publishers, Price \$2.00.

This is a blank book conveniently arranged by ruling, for the registering of three hundred single births, to which is added fifty blank pages for recording remarks of interest connected with each case, and the whole pre-

ceded by an alphabetical index. The top of each page of register, bear the following heading, divided by red lines: Name of Parents. Residence. Occupation of Father. Mother's age. No. of Pregnancy. Date of Last Confinement. Character of Delivery. Date of Last Menses. Confinement Expected. Date of Confinement. Hour. Length of Labor. Presentation. Character of Delivery—natural or operative. Sex. Child's Name. Color. Page of Remarks. Charges. A brief record in this convenient form will greatly facilitate a reference to our past obstetrical work. We would advise all who wish to keep an obstetrical record to try this one.

**PROCEEDINGS OF THE ILLINOIS AND INDIANA STATE HOM.
MEDICAL ASSOCIATION.**

At the late meeting of this Association the following officers were elected for the ensuing year:

Dr T. C. Duncan, of Chicago, President; Dr. H. N. Keener, of Princeton, First Vice-President; Dr. M. C. Sturtevant, of Morris, Second Vice-President; Dr. Lelia G. Bedell of Chicago, Third Vice-president; Dr. E. A. Ballard, of Chicago, Secretary; Dr. A. G. Beebe, of Chicago, Treasurer; For the Five Censors, Dr. C. H. Vilas, of Chicago; Dr. F. H. Van Liew, of Aurora; Dr. R. N. Foster of Chicago; Dr. Julia Holmes Smith, and Dr. A. N. Wilkins were elected.

**TRANSACTION OF THE TENTH ANNUAL SESSION OF THE
HOMŒOPATHIC MEDICAL SOCIETY OF MICHIGAN, Held
in the City of Detroit, May 20th and 21st, 1879.**

This is a neat volume of 107 pages, bound in paper. The President's address, which opens the volume, is an interesting paper and treats of the past, present and future of Homœopathy in the State of Michigan. Following this comes the regular routine society business and occupies some thirty-seven pages. The balance of the volume is occupied with papers presented by the various bureaux. The Bureau of Surgery presents a very thorough and interesting report on Hernia. Drs. Whit-

worth, Nelson and Gilchrist have done themselves great credit and deserve the thanks and congratulations of the Society. The Bureau of Pædology presents a paper on lach. in the treatment of scarlatina, by E. Fish, M. D. The Doctor points out with great clearness the characteristic of those cases which call for lach. and says, which is in accordance with our experience also, that the smooth scarlatina, as described by sydenham and for which Hahnamann advised bell. is seldom met with in our day. After drawing a comparison between bell. and lach. in the treatment of scarlatina he relates a number of cases illustrative of his preceding remarks. The paper is a practical one and evinces a great deal of thought on the part of the writer.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY
OF THE STATE OF PENNSYLVANIA. FROM 1874 TO 1878.
Tenth, Eleventh, Twelfth, Thirteenth and Fourteenth
Annual Sessions.

By the aid of small type and closely printed pages the Publishing Committee of the Hom. Med. Soc. of the State of Pennsylvania, have compressed into one volume of 563 pages the annual transactions of five successive sessions. This volume of transactions is a credit to the society which issues it, and to Drs. McClatchey, Guernsey and Walker the society must remain under lasting obligations for the very satisfactory manner in which the papers are arranged, as well as for the general neat and tasteful appearance of the volume, which makes the book a model of its kind.

The first sixty-eight pages contain a report of the usual routine society business, and from which we are pleased to learn that the financial condition of the society is flourishing. Another item of general interest, and one which we would commend to the favorable consideration of all other medical societies, is the privilege accorded to medical journals of publishing such papers of the session as their editors may desire. Following this we have the constitution, by-laws and resolutions of the Society, together with a complete list—alphabetically arranged—of members. The report of the necrologist

follows next, and here we have chronicled the deaths of men whose loss the profession can ill afford to sustain, men whose names will ever be cherished for their eminent professional attainments and many virtues. Next in order comes the annual addresses four in number, all of which are of a high order, instructive and entertaining. The first by Dr. Marsden treats of the rise and progress of homœopathy from the time of Moses in the wilderness to the present day. After reviewing its progress from its first dawn upon the world, and glancing upon its present commanding position to which, through scorn and obloquy, it has obtained, he bids us look forward in joyous and confident anticipation to its final success and complete triumph. The second address is by Dr. J. H. McClelland and is entitled "The Mind." The subject is divided into three parts: 1st, the nature of the mind; 2d, the relation of the mind to the physical organism; 3d, the relation of the mind to medicine. This is an erudite composition and will repay a careful study. The Mind Deranged, is the third address, and was delivered by Dr. A. E. Farrington of Philadelphia. It contains a sharp and lucid analysis of the workings of the brain. The mind is divided into two parts, Will and Understanding. "All that we refer to volition, with our desires and dislikes, our impulses, our promptings, belongs to the Will. All that forms our thoughts, ideas, ratiocinations, belongs to the Understanding." Consistently with this dual function we find the brain divided into two halves, termed hemispheres. * * * * The right hemisphere is more the organ of the will; the left of the understanding.

The fourth address is from the veteran worker H. N. Guernsey, and consists in an earnest appeal to the members of the society for a more diligent perusal and assiduous study of the writings of Hahnemann, especially the *Organon*.

The balance of the volume is occupied with the papers printed by the various bureaus.

The bureau of Materia Medica occupies about one hundred pages and is made up of ten reports, each one of more than ordinary merit. "*Cal c. and Silic. compared as Nutrition Remedies*," by A. E. Farrington, is an exhaustive article and is well worth a careful reading.

The bureau of Clinical Medicine and Zymosis, occupies nearly 200 pages, and includes some twenty papers, of various degrees of merit.

The Department of Obstetrics, Gynecology and Paedology presents sixteen papers, all of which are well digested articles upon practical subjects, by men eminent in this department of medicine. We intend to make liberal extracts from this bureau report, for the pages of our journal, which we are certain will give great satisfaction to all of our readers who are unable to secure a volume of the transactions for themselves.

The remaining 105 pages is occupied with the papers presented by the bureau of Surgery, Climatology and Dygine.

HOYNES' ANNUAL DIRECTORY of Homœopathic Physicians of the States of Illinois, Indiana, Missouri and Kansas.

This Directory is issued annually on or about the first of January, and contains the names of all the Homœopathic physicians in the above named States. We consider this the most reliable directory that comes to our table, and find it very handy as a work of reference.

MATERIA MEDICA AND THERAPEUTICS. By Charles J. Hempel, M. D. 2 vols. 8vo. Third Edition. Revised by the Author. Greatly enlarged by the addition of many new and valuable remedies, personal observations and numerous clinical contributions from public and private sources, by H. R. Arndt, M. D. Chicago: W. A. Chatterton; New York: A L Chatterton Publishing Co., 1880.

Homœopathic Materia Medicas are multiplying in such profusion now-a-days that one wonders that a publisher can be found willing to take the risk of a new work, or a new edition of an old work, on this much overdone subject. In the publication before us, the first volume of which has just appeared, the enterprising publisher has

evidently exercised the business sagacity peculiar to his class, and shifted the pecuniary responsibility to other shoulders. Be that as it may, he has not failed in presenting the volume in a manner that does credit to the typographical art. This volume presents a cleanly page, open it where one may, showing a degree of diligence with the proof-sheets on the part of the editor which can not be too highly commended.

Of the work itself we must speak in terms of less admiration. We do not see its *raison d'être* at all as a distinct treatise on homœopathic materia medica, except, perhaps, as a monument to its indefatigable author. Let no one infer from this remark, which is made in sincerity, and without malice prepense, that Dr Hempel's materia medica is devoid of merit. It has merit, indeed, of no mean quality, but unhappily, it is not such as to give the work a distinctively homœopathic character, or to render it indispensable to the homœopathic physician, or in fact to any class of physicians or school of practice, the aid it gives in practice being supplied the profession, for the most part, by Eclectic and old school materia medicas. It must be said, however, to the author's credit, that he has been consistent with his purpose in the arrangement of the work, as he professes to give merely a rude outline of the voluminous subject, from a physiological and pathological point of view, leaving the symptomatological details to be supplied by other hands.

We commend the author's plan of giving the natural history of the remedies of which he treats; also the method of their preparation. His rejection of isopathic remedies is likewise to be commended. They have long been mostly discarded by the old school therapeutics; their revival by the new school has been a shame and a reproach from the first.

Passing over the distinguishing features of the work, which are too well-known to require special mention, we have to animadvert on the introductory chapter—or lecture, for the volumes consist of a series of lectures—in terms by no means complimentary. That lecture ought never to have been written, or if written, it ought never to have been published, or if published, it should never have found a place in a work on materia medica. In this chapter the author goes out of his course to express views

in respect of final causes which we doubt not are original, but which are puerile to the last degree. His moral cosmogony has certainly no admixture of science to redeem it from childishness. Let us cite a few lines :

"The moral transgression [the fall of man] tainted the physical creation, and the forces of disease were the inevitable result. But God could not permit these morbid forces to pervade creation like wild and lawless furies seeking whom they might destroy. He subjected them to the laws of order, by compelling them to fix themselves in definite, concrete forms. Thus it is that medicinal agents embody or materialize, so to say, morbid forces, themselves resulting from man's original transgression, and perpetuating themselves, with the hereditary consequences of this transgression in man, from age to age and generation to generation, etc.

* * * * * Who can foretell whether it will ever be given unto us to know the essences that perpetuate woe and pain among us? * * * * * Diseases are adventitious principles or forces, superinduced or eliminated in the surrounding spheres by man's deviations from the laws of divine harmony," etc.

Such a philosophy of health and disease—of life and the divine order—leaving out of the category the fanciful conception of the genesis of drugs—is extremely repugnant to the scientific sense. The fallacies embodied in these brief extracts are of too flagrant a character to be permitted to pass unchallenged in a modern medical work. In the first place, if there is any truth in modern science, man never met with that terrible accident known as the "Fall," to which the author refers, and of which no one speaks to-day except to smile. In the next place, the divine purpose has never been thwarted or set aside, for we know nothing of that purpose except as it is revealed in the course of things—the laws of nature. In the next place, the laws of nature are not transgressable. It is quite common to hear the ignorant or thoughtless speak of one's violating the laws of health, or acting contrary to the law's of one's being, or violating God's law. It is a grave abuse of language to use it thus, nevertheless, and involves a misconception of the idea of "law." One may not choose the best conditions of life and sanity ; but one can no more violate a law of

one's existence than one can lift oneself into one's carriage by the straps of one's boots, or into one's saddle by the seat of one's breeches.

"To bid people conform," says John Stuart Mill. "to the laws of nature when they have no power but what the laws of nature give them—when it is a physical impossibility for them to do the smallest thing otherwise than through some law of nature, is an absurdity. The thing they need to be told is, what particular law of nature they should make use of in a particular case."—*Essays on Religion*, p. 16. Let us be rational on this subject—all subjects.

Finally, disease is not an entity, essence or principle. Such a doctrine of etiology as that of Dr. Hempel is allied to that of "possession," which has long been set at rest by the advance of physiological knowledge. The science of physiology shows that health is normal functional activity, due to normal or sanitary conditions and environments; and that disease is abnormal functional activity, due to abnormal or unsanitary environments or conditions. One condition is as natural as the other, and each condition formulates or prescribes its own laws. Nor is there necessarily any impenetrable secret as to the essential causes of morbid phenomena—disease. On the contrary, it may be laid down as a truism, that all acute diseases have for their exciting cause the absorption, or generation within the the organism, of pecant or extraneous substances or elements. It is true one does not always know the precise nature of such morbid or extraneous substances. Nor does one know, for that matter, the precise nature of one's food—that vast variety of things that affect the economy normally or physiologically. Nor is such knowledge possessed of much practical importance. In respect of the essential nature of morbid causes, enough is already certainly known to show the fallacy of the doctrine maintained by many medical theorists of the day, among whom is the author of this work, that there exist remedies whose province it is to wipe out all the disorders to which flesh is heir. That fallacy is the will o' the wisp of medical philosophy. We should re-

joice to see it abandoned and a more rational conception of the nature of disease and the province of therapeutics substituted in its place. When a specific is found to supplement the lack of pure air in the economy, or that of proper food, ventilated abodes, or personal cleanliness, then will it be time to return to the mediæval doctrines of life and sanity and to seek relief from moral and physical disorders exclusively in prayer and the exhibition of medicine.

Sum cuique tribuito—It must be conceded that the work has been greatly improved in this last (third) edition. The remedies are arranged alphabetically, instead of in lectures, as of old. "The old remedies have been thoroughly revised by both authors; many of them—aconite, arsenicum, etc.—have been materially condensed; others—apis, lachesis, etc.—have been wholly rewritten." The work has also been enlarged by a considerable addition of new remedies—remedies which have been proved and received into the *materia medica* since the publication of the first edition. To these merits must be added a "double index, general and clinical" to each volume, which must greatly facilitate the use of the volumes. The second volume is promised for October, 1880.

SPECIAL INDICATIONS FOR TWENTY-FIVE REMEDIES IN INTERMITTENT FEVER. By T. P. Wilson, M.D., Professor of Theory and Practice, and Ophthalmic and Aural Surgery, University of Michigan. Boericke & Tafel.

This is a neat little book of fifty odd pages, bound in cloth, printed with clean type on good paper. On one side of the page is printed the characteristic of the remedy as applied to intermittent fever, and on the other the name of the drug, after the manner of Dr. Hering's *Materia Medica Cards*. In the preface the author says: "In order that cases may be cured promptly, we insist, 1st, The right remedy must be chosen. 2d, It must not be given too frequently. 3d, It must not be changed because the paroxysm returns. 4th, Only one remedy must be given at a time. 5th, It must be given in the higher attenuations." There are the whole directions in a nut shell,

for curing intermittent fever promptly and effectively, and it is our firm belief that if they are religiously adhered too, the wide-spread and popular notion that quinine is the grand specific for fever and ague will soon be banished by all, as it now is by many in the profession. We heartily recommend Dr Wilson's little book to all who are in pursuit of light upon this, to many, dark subject.

PATHOGENETIC OUTLINES OF HOMŒOPATHIC DRUGS. By Dr. Carl Heinigke, of Leipzig. Translated from the German by Emil Tietze, M.D., of Philadelphia. Boericke & Tafel, New York and Philadelphia. Pp. 576, 8vo. Cloth. \$3.50.

The enterprising publishing firm of Boericke & Tafel have issued a new, and in many respects original, work on *materia medica*. The author, Dr. Heinigke, is a physician of mature judgment, and ranks deservedly high as an original and independent thinker, and whatever he might write we are confident would be eagerly sought for and attentively read by the homœopathic fraternity. We are afraid however this new work will disappoint many of his colleagues, as its method of arrangement is so at variance with that which long usage has firmly established. It differs from all other works on *materia medica*, if we except a few of the ancient ones which have long since been laid upon the back shelves, and we wonder at the temerity which prompted the publishers to issue it.

The symptomatic outlines given of the various drugs are based exclusively upon the pathogenetic results of provings, still they are but outlines and so general in their nature as to be scarcely of any value except as indicators of drugs whose minutia and characteristics must be looked up in other works. The pathogenetic pictures, drawn of most of the drugs, in connection with other information and comments added, under the heading, employment among the sick, gives a very clear and comprehensive idea of the actions of the various remedies treated of, and if we mistake not will obtain great favor with the class of readers that will naturally take to this book. For the student or fresh convert to homœopathy, whose chief object is to get a comprehensive outline of the

various remedies of our *materia medica*, this work will be of great service. And for that vast multitude of practitioners who are drifting about between old school pathology and new school symptomatology it will be a boon, indeed.

The book is nicely printed on good paper, and substantially bound. We would advise all our readers to procure a copy at once.

BOSTON UNIVERSITY YEAR BOOK. Edited by the University School, vol. vii, p. 152.

We quote from the preface :

"Drei Jahr' ist eine kurze Zeit,"

Exclaims the student in Faust, when he begins to inquire about the study of medicine. Since his day, the German authorities have come to agree with this off-hand judgment, and have accordingly lengthened the obligatory university course for medical students to four years. In Italy, by a royal decree of Oct. 8, 1876, the term is prolonged to six years, with severe biennial examinations. Moreover, each country, in order to obtain admission to this university course, the student must already have graduated at a preparatory college whose curriculum is six years in duration. What the requirements of American medical schools have been, one is really ashamed to state where any foreigner may read them. Still, as our leading paper shows, the signs in this department of education are at present auspicious; and possibly shame at our past record as a nation will just now but hasten a greatly needed reform."

We beg to call the particular attention of the Homœopathic profession to the scholarly and suggestive essay of President Warren, on "Hopeful Symptoms in Medical Education." This is an important subject, and we are much pleased to see it so freely and forcibly set forth. Improvement in medical education is imperatively demanded both by the public and the profession, and especially by the Homœopathic branch of the profession.

—OLD SCHOOL AND NEW SCHOOL THERAPEUTICS. AN ESSAY READ BEFORE THE CAMBRIDGE SOCIETY FOR MEDICAL KNOWLEDGE, DEC. 22. 1879, BY FRED. F. MOORE, M. D., BOSTON, 1880. —The questions at issue between the schools of medicine, more particularly between the new school and the old school, possess

more than a professional interest. On their solution largely depends the public weal—life and health for the million. It is incumbent on every individual, or at least every intelligent individual, therefore, to examine these questions for himself, in the light of such information as is accessible to him, guided by such reason as he may possess or is able to make himself master of.

Ignorance is the bulwark of error. So long as the multitude take no part in the discussion and settlement of questions of public interest ; or in other words, so long as the discussion of questions that concern human welfare is confined to a class having a pecuniary or class interest in the solution of them, so long will the *status quo* of all such questions be maintained, and the multitude be debarred from realizing the advantage which they would obtain had they a voice in their solution. This observation is especially true of the problems involved in the theory and practice of medicine—problems the unsettled condition of which has kept and still keeps the science and art of medicine cursed with a variety of medical sects and schools. The law of self-preservation, be it observed, is as potent in respect of classes and institutions as it is in respect of the species and individuals. All instinctively wall themselves in against the disintegrating influence of time and circumstance. So likewise, the law governing the movement of matter is equally operative in the movement of ideas—to this extent, at least, that the impetus for changes, other than those in the line of their natural bent or polity, must come from without. In general, one does not find any sect or institution leading in a movement to revise its own errors, or to correct its own abuses. Nor does a different rule obtain with individuals. One does not find, for example, clergyman heading a movement to reduce their own salaries ; nor doctors insisting on smaller fees for medical services ; nor lawyers advising their clients to make amicable settlements of their disputes ; nor druggists recommending homœopathic physicians. As well might one expect to see millionaires regretting the rise of interest-rates, merchants grieving over the present extravagance in dress, or tailors advocating the propriety of wearing old clothes, as to expect any of the professions to under rate the value of its services, or lead in a movement the success of which would lessen its emoluments and impair its power and prestige in society. It is contrary to the natural course of things ; and if instances of its violation are observed now and then—if one is discovered who is inspired by a different motive—the effect is to shock our logical institutions. The ruthless violator of the natural order of things, if a physician, is looked upon with suspicion by the wiseacres of the profession, dubbed irregular, or rated among that small, discontented class

of people with pain in their bellies (the real seat of sympathy, as Thoreau well says), whom Coleridge has described as being "wrong in head or heart somewhere or other." and Hawthorne has denounced as "men not benevolent or beneficent to individuals, but almost hostile to them; yet lavishing money and labor and time on the race, the abstract notion"—namely the philanthropist

We fear this will be the fate—a fate which most people, certainly most students of medicine, stand in greater dread of than the itch or small-pox—of the brave author of the little *brochure* before us. Being disenchanted of the glories of martyrdom ourselves, we envy not the ignominy which awaits him. Should he escape the opprobrium of a philanthropist, he will certainly fall under the ban of being a lover of truth. If he be desirous of "success" in the profession, he could not have taken a more fatal step. The author presents the rare spectacle of a Harvard medical graduate, presumably young in years, impeaching the teachings—the precepts and principles—of his Alma Mater. Perceiving the futility of presenting the results of his medical observations to his medical brethren, he boldly steps out of the professional arena and addresses the laymen—the people. For this act, unprofessional we doubt not, the Medical Society of Massachusetts will deal with the presumptuous author in due time, and in its own peculiar way; it is for us to deal with his essay.

In our view, the author argues his cause against old school therapeutics with the skill of a practised dialectician, bringing to his support the experience and confessions of old school physicians and authors of well-known ability and authority. Beginning with the notable "confessions," he cites from Dr. John Harley's *Gulstonian Lectures* (London, 1868) the following declaration:

"The study of therapeutics is in a deplorable condition. Expectancy and Homœopathy, the twin progeny of ignorance and deception, have grown from a comparatively innocent childhood to most mischievous proportions. But few of us believe in the beneficial action of medicine. Many treat the subject with contempt. Some of our grey-haired practitioners mislead us. We constantly hear them saying, 'The longer I have worked, and the larger my experience, the less do I rely upon drugs: and I find that I am losing confidence, year by year, in the action of medicines.'"

Declarations of similar import in respect of the impotency of old school therapeutics are cited from many standard medical authors, notably from those of Dr. H. C. Wood, Bichat, Prof. Stille and Sir Henry Thompson. To the same end, for the same purpose, the author gives the recommendations of some of the best authorities of old school practice as regards the treatment

of certain obstinate diseases. Those of Dr. Brown-Sequard are sufficiently apropos and significant to be given a place here:

"Small doses are useless; we ought, therefore, particularly in epilepsy, in tetanus, in neuralgia, in reflex paralysis, in agina pectoris, in whooping-cough, to give as large doses as can safely be borne. In affections like tetanus, in which there is an antagonism between the complaint and the remedy [and when there is not, in old school therapeutics, we would ask] at the same time that we must be giving, every hour or half hour, a fresh dose of the remedy, we must be carefully watching for the disappearance of the symptoms of the nervous affection, and their replacement by the symptoms of poisoning by the drug. In a case of which I know the details, Dr. F. G. succeeded in obtaining the cessation of tetanic symptoms; but, unfortunately, new doses of opium were given after that cessation, and the patient died of poisoning by opium."

In other words, after the *tetanic* symptoms had subsided, under the massive doses of opium, the *satanic* (morphism) set in. But even if the poor patient—let us rather say, victim—had not succumbed to the treatment, one wonders if his last condition would not have been worse than the first.

The author discusses the claims of "Rational Medicine," of "Empirical Medicine," and of "Homœopathy," to be regarded as scientific. The conclusion to which he comes, in respect of the methods of the former two, may be briefly stated in his own words:

"The old school has not yet learned how to bring order out of chaos, how to render available the great mass of material it has so blindly gathered together. Possessed of many valuable truths, it has not yet seized upon the method by which they can be intelligently applied to the treatment of disease. The practice of the old school physician is still a mere educated guess-work; he goes to his *Materia Medica* as he would go to a lottery, with the desire to make the best selection possible, but with little idea of what that best is, or of the proper mode of selecting it."

The attentive reader of Dr. Moore's essay will find it difficult to escape the conclusion at which he arrives. The author does indeed show by abundant evidence, drawn from trustworthy sources, and from logic which one's reason approves, that old school medicine has "thus far been barren of results" at the bedside, "and must necessarily continue to be so in the future." The reason of the failure of old school therapeutics he rightly finds to be its fallacious method of studying the *materia medica*, which keeps its practitioners, however able, industrious and learned, in ignorance of the specific virtues of drugs. He therefore commends the method of Hahnemann to his colleagues, pointing out to them the well-known fact that many physicians of the past, illustrious in the annals of medical literature, formulated the same therapeutic laid down by Hahnemann, and recommended the same method of studying the action of remedies, viz: on the healthy. We especially commend this part of the

author's essay to the unprejudiced attention of our old school *confreres*. And we would also express the hope that they may soon be brought to a sense of duty, if not of justice, to accept in good faith the author's closing advice: "Let us, then, extend to our homœopathic brethren the right hand of fellowship, that the reproach of bigotry and intolerance may be removed from us, that the truth may be advanced, and the day hastened when medicine will know no schools, but be represented by one body, working with renewed strength and vigor, and with the one aim of advancing medical science and the best interests of humanity."



ABSTRACTS.

—EPITHELIOMA OF THE CERVIX UTERI.—J. Marion Sims, in an elaborate article on the treatment of epithelioma of the cervix uteri in the July number of *The American Journal of Obstetrics*, in conclusion, deducts the following inferences :

"1. Do not amputate or slice off an epithelioma of the cervix uteri on a level with the vagina, whether by the ecraseur or the electro-cautery.

"2. Exsect the whole of the diseased tissue, even up to the os internum, if necessary.

"3. Arrest the bleeding, when necessary, with a tampon of styptic iron or alum cotton-wool.

"4. Be careful not to apply the tampon with such force as to lacerate the excavated cervix uteri.

"5. When the styptic tampon is removed, cauterize the granulated cavity from which the disease was exsected with chloride of zinc, bromine, sulphate of zinc, or some other manageable caustic capable of producing a slough.

"6. After the removal of the caustic and the slough it produces, use carbolized warm water vaginal douches daily till cicatrization is complete.

"7. After the cure, put the patient on the use of arsenic as a protection against the cancerous diathesis, and urge the importance of examination every two or three months for the purpose of detecting the recurrence of disease.

"8. Then if fungous granulations or granulations or knobby protuberances not larger than a pea are found, lose no time in removing them; and treat the case afterward with caustic just as in the first instance.

"9. Almost every case may be benefitted by operation, even where there is no hope of giving entire relief.

"Dr. Reamy, of Cincinnati, performs this operation by exsection and not by amputation. We both worked out this method of operating about the same time independently of each other, and we both published our results about the same time. I have always exsected the cervix piecemeal. Dr. Reamy often takes it out with scissors in one solid piece, reaching quite up to the os internum.

"During a visit to Koeberle, in September, 1877, he informed me that he now never amputates the epitheliomatous cervix uteri; but he exsects it quite up to the os internum if necessary. He operates in the early stages of the disease, and uses Paquelin's thermo-cautère, removing the conical plug from the cervix. Mr. Wilson, of Baltimore, has recently performed this operation in the same way; and he has proven that the Paquelin cautery can be successfully used in the Sims position with the Sims speculum. This is one of the most important improvements as yet made in this operation.

"Mr. Spencer Wells informed me to-day (May 5, 1879) that he has successfully exsected the cervix uteri for incipient carcinoma with the Paquelin cautery. But the disease is now reappearing.

"I have no prejudices in favor of my own plan. But we can by the sense of touch follow up the diseased tissue and remove it all; while by the cautery there will always be a doubt whether we have done this or not. It is possible that the actual cautery may be preferable to the potential after the diseased tissue is exsected. The point that I insist on is this, that the disease should be exsected and not merely amputated, whether this be done with cutting instruments or the actual cautery.

"I have no experience with Professor Schroeder's method of removing the entire cervix, nor with Prof. Freund's operation of extirpating the whole organ for epithelioma of the cervix. But the medical mind in my own country and in Germany is now so actively concen-

trated on this subject that it must eventually result in improved methods of treatment."

—ANÆSTHETICS IN OBSTETRIC PRACTICE.—At the May, 1879, meeting of the Obstetrical Society of Cincinnati, Dr. Reamy expressed himself as follows, with regard to the use of anæsthetics during labor.

The introduction of anæsthetics into obstetric practice created a profound sensation throughout the medical world. So brilliant and apparent are the victories won by chloroform and ether over the throes of labor and the suffering of the parturient woman, it is no wonder that the subject has furnished the theme for the poet and the orator; and that a boon so great to woman should have been the subject of her dreams during sleep and of her sweetest words of praise when awake.

But these agents are, in judicious hands, now confined almost exclusively to the relief of the sharpest pangs of the closing moments of the second stage of labor, and the cases requiring turning or other prolonged and painful obstetric operations.

The question as to the danger of chloroform or ether practically is by no means of so great importance (for there are very few fatal cases on record) as the question whether even in the second stage, labor will be retarded, possibly the child damaged, if not its life endangered, and the woman rendered liable to post-partum hemorrhage. I speak from my own knowledge, obtained in the clinical study of a large number of cases, when I assert that chloroform inhaled only during the paroxysm of pain and in such small quantities as not to produce unconsciousness, will, in a considerable proportion of cases, not only lessen the frequency and force of uterine contraction, thus retarding labor, but promote also, by the same physiological effects, hemorrhage after delivery.

I consider that these unpleasant results will not always attend its administration, but it is also true that no man can tell beforehand in what subjects these unfortunate results will occur. I am aware these facts are not new, nevertheless they are disputed in some very respectable quarters, and there are many practitioners who believe that danger to the child, delay of labor or laying the foundation

for hemorrhage, need only be feared when the patient is completely anæsthetized.—*Am. Jour. of Obs.*

—TREATMENT OF THE UMBILICAL CORD—I will prove to you before I close this communication that the only dressing required for the umbilicus of a new born babe is that which nature gave it. My experience in leaving the cord undressed and untied has extended over a period of nine years, and in all that time I have failed to hear of one, when the bandage was left off, that did not do well. Not only so, but they have invariably done much better than when the bandage was worn, and for the simple reasons that will be given hereafter. I have had sufficient experience in this matter to thoroughly convince myself at least that the bandage is not only of no use, but is positively *injurious*.

My obstetric practice has been tolerably extensive here. I have often delivered two, and sometimes three, women in twenty-four hours, and I have become so notorious for not allowing bandages on babes that but five of those I attend even had bandages prepared for their infants. Gentlemen, I shall proceed to give you some of my reasons for positively refusing to allow bandages used on new born infants in my practice. I will, however, remark before proceeding with my objections, that I have not at any time expected or attempted to make myself famous, build up a reputation or to make capital out of my departure from the teachings of the medical world, knowing how troublesome it is to remove old and established customs and usages of the medical profession, but have been quietly pursuing my occupation in a very retired way. I have never before brought this matter before my brethren in the profession by publishing my views and practice, and perhaps never should had you not written me upon the subject. But as I am requested to do so it gives me pleasure to comply, and, gentlemen, after I have done this, and after you have given the matter serious thought, if you will each of you test it in your practice I feel confident that no member of the society will ever again have a new born babe bandaged, unless it be because of some malformation or external injury.

First—Bandaging new born infants is notoriously contrary to nature.

Second—All will readily admit that a bandage is troublesome, inconvenient, offensive and filthy—if not unnecessary.

Third—The putrifying cord “bundled” up in the old style oftentimes poisons the child, and leaves an open sore for days, weeks, and sometimes months, before all the applications of “soot, burnt alum, scraped horn, burnt leather,” as well as all the ointments, or anything else, will heal it up.

Fourth—The bandage, as generally applied by the nurse, must, and does to some extent, at least, interfere with abdominal respiration, or the free and full expansion of the base of the lungs.

Fifth—The bandage where firmly applied interferes with the circulation of the lower half of the child.

Sixth—Should the bandage “slip” down before the cord is detached from the child it is then pulling against the *tender* parietes of the abdomen.

Seventh—Should it “slip” up the same trouble is produced.

Eighth—Should it move to the right we have the same condition.

Ninth—Should it move to the left it produces the same trouble.

Tenth—If by any means the front part of the bandage be lifted from the child we have the same state of affairs.

Eleventh—The trouble of calling in some expert old lady to see about the bandage.

Now, gentlemen, I have given you eleven major or positive objections to the old style of bandaging new-born babes, and many other minor objections might be produced and urged against this time-honored practice in the medical profession, but I think it useless, as each and every one will be able, upon reflection, to point them out.

I am not sufficiently versed in the primitive history of our profession to give you the *originator* of the babe's bandage, but that it has been endorsed by medical men everywhere, from time immemorial to this present day we *all know*, but for what reason we have clung to it with such tenacity I am unable to divine.

My teachers in obstetrics in the Jefferson Medical College of Philadelphia, informed me that all of the new-born babes should be bandaged firmly so as to prevent umbilical hernia which was liable to be brought about by crying, and at the same time to give them a *stout* back. Now these were the two grand reasons given for the positive injunction to apply the bandage in every case. Other reasons were given, such as cleanliness, and to prevent hemorrhage, etc., etc.

My teachers did more than this to impress upon my mind the importance of "violating the laws of nature," by firmly applying the bandage. They exhibited a model bandage before the class, also had a "linen rag" with a hole in it, "scorched" and the tallow, to demonstrate to us how to oil the "rag." They would then explain how all these were to be applied; and, in fact, the impression was left on my mind that my teachers' way of dressing the cord was at least a specific in preventing umbilical hernia and weak back. But I must confess that during the first years of my obstetric practice the bandage gave me more uneasiness than anything else connected with child-birth. I was called upon generally to give directions how to apply the bandage and dress the cord; and oftentimes went home with my mind well stocked with the most serious forebodings of a "pouched out" navel or a weak and crooked back, and all for the reasons that I feared the bandage might not have been placed just right, or, perhaps it had not been applied sufficiently firm to prevent these maladies. But, gentlemen, I shall now take up the subject of umbilical hernia in infantile life, as connected with bandaging, and will attempt to give the cause of this unpleasant occurrence, or what I believe to be the existing cause in almost every case that has come under my observation, and what holds good in my experience will apply to others.

In the first place, I will remark that such an occurrence as umbilical hernia, I have not known in my practice since I ceased bandaging new-born babes, and, in fact, I take the position that the very means resorted to by the profession to prevent hernia is the evident cause of its production. I say this in all candor, and with due respect for a profession that has done so much for the relief and mitigation of human suffering.

From the sixth to the tenth objection that I have to bandaging children, you will there discover, I think, the cause of every infantile umbilical hernia. I have seen numbers of children with hernia of the umbilicus, and have been applied to for suggestions as to how it was to be remedied, and invariably each one had worn the time-honored bandage, and surely this discrepancy could not exist did not bandaging play a very important part in producing this trouble. Some will, perhaps, ask how it is brought about by a bandage. I will answer by saying, that any considerable movements of the bandage, up or down, right or left, or a forward movement, if it should by any means occur before the cord is detached from the child, it is pulling against the child's belly, and very liable to rupture, or partially rupture, the tender parietes of the abdomen, and we have hernia as the result.

Again, this cord "doubled up" in a "rag," forming a solid "lump;" then the bandage comes over all this, and the strength of the old lady is brought into play, to firmly apply the bandage; and in doing this, this great "lump" of cord and cloth is driven down upon the child's belly, and held there for several days, until the parietes of the child's abdomen are weakened from the positive pressure, and finally gives way, separates, and we have hernia. Let us suppose that I have a child six months, or one six years old, and select a substance of any kind, similar in firmness and size to the "lump" spoken of, made by doubling up the cord in cloths, as in common, and apply it over the navel of such a child, then apply a bandage over it, with the same firmness that "granny" women do with new-born babes, and then let it remain for several days. Who, or where is the man in our profession, I ask, that would endorse such a procedure? Not one, of course; but each and every one would condemn it as outrageous and I doubt not but results would be liable to follow that might give good "grounds" for a malpracticesuit. And yet the medical world continue to endorse the application of this same bundle, so far as effects are concerned, directly over the navels of all new-born babes.

—S. G. Stokes, M.D., in *Medical Herald*.

SEXUAL HYPOCHONDRIASIS.—We make the subjoined extracts from an able and manly article by Prof. Bumstead, in the *American Practitioner* :

Nocturnal emissions occur independently of the practice of masturbation. Some of the most frequent cases I have ever seen have been in men who had never committed self-abuse. They are incident to early manhood, especially between the ages of fifteen and thirty, and less so as life advances. At this period the genital functions are most active; the secretion of the semen is constantly going on and must find vent somewhere, like a loaded rectum or a distended bladder. For a man in the prime of life and living continently, not to have an occasional nocturnal emission, is a rare exception. The frequency of these emissions will vary consistently with health, and will depend somewhat upon the purity of the thoughts of the individual, and upon whether the sexual desires have already been excited as by masturbation, illicit sexual intercourse, or the marriage state. Hence masturbators and widowers will be more exposed to them than those who have been continent from their youth up. With regard to their frequency, it may be said in general that once a month or once a fortnight is most common, but they may take place as often as two or three times a week without detriment to the health. They are very apt to occur in groups; and this is a point to be mentioned to patients, *i. e.*, he may be free from them for several weeks, and then will have two or three on successive nights or on the same night.

In ninety-nine cases out of one hundred, these emissions require no medical or surgical treatment. The chief danger from them lies in the patient attaching undue importance to them, in dwelling upon them, and making himself miserable over them. If he can be induced to give his mind and body pure thoughts and healthy exercise, and to look upon their occurrence as a physical necessity, nature will take care of the rest.

* * * * *

Illicit sexual intercourse as a substitute for matrimony, is never to be recommended—first, because it is morally wrong, and the physician would take upon himself a fearful responsibility in advising it; and second, because the excesses, which fornication always leads to,

have an effect directly opposite to the one desired. In an admirable lecture—*Clinical Lectures and Essays* by Sir James Paget, London, 1875—on sexual hypochondriasis, Sir James Paget says: “Many of your patients will ask you about sexual intercourse, and some will expect you to prescribe fornication. I would just as soon prescribe theft or lying, or anything else that God has forbidden. If men will practice fornication or uncleanness, it must be of their own choice and on their sole responsibility. We are not to advise that which is morally wrong, even if we have some reason to think a patient’s health would be better for the wrong-doing. But in cases before us, and I can imagine none in which I should think differently, there is not ground enough for so much as raising a question about wrong doing. Chastity does no harm to mind or body, its discipline is excellent; marriage can be safely waited for; and among the many nervous and hypochondrical patients who have talked to me about fornication, I have never heard one say that he was better or happier for it; several have said that they were worse, and many I know have been made worse.”

* * * * *

I have taken occasion to make inquiries of some of the most eminent physicians of our insane asylums, as to what extent masturbation should be regarded as a cause of insanity, and they have expressed the decided opinion that it was mental weakness that led to masturbation, and not masturbation that led to mental weakness and insanity. Paget’s words on this point are worth quoting: “You may teach positively that masturbation does neither more nor less harm than sexual intercourse practiced with the same frequency in the same conditions of general health and age and circumstances. Practiced frequently by the very young, that is at any time before or at the beginning of puberty, masturbation is very likely to produce exhaustion, effeminacy, over-sensitiveness, and nervousness; just as equally frequent copulation at the same age would probably produce them. Or, practiced every day, or many times in the day, at any age, either masturbation or copulation is likely to produce similar mischiefs or greater. And the mischiefs are especially likely or nearly sure to happen and to be greatest, if the excesses are practiced by those who, by inheritance or

circumstances, are liable to any nervous disease—to 'spinal irritation,' epilepsy, insanity, or any other. But the mischiefs are due to the quantity, not to the method, of the excesses; and the quantity is to be estimated in relation to age and the power of the nervous system. I have seen as numerous and as great evils consequent on excessive sexual intercourse as on excessive masturbation; but I have not seen or heard anything to make me believe that occasional masturbation has any other effects on one who practices it than has sexual intercourse, nor anything justifying the dread with which sexual hypochondriacs regard the having occasionally practiced it. I wish I could say something worse of so nasty a practice; an uncleanness, a filthiness forbidden by God, an unmanliness despised by men."

—DR. ROBERT BARNES opened a discussion at the Obstetrical Society, on "the Use of Forceps and its Alternatives in Lingering Labor," by some valuable remarks. He said freedom from arbitrary dogmas was the condition requisite for the life of science. A retrospect of the history of the forceps showed that more than once the use of this instrument had been defined in the most absolute and inflexible terms. The spirit of independent thought was, however, kept alive by sundry rebels against these formulated rules, so that at the present moment practice differs widely. Side by side we see men using the forceps once in every nine or ten cases; while others use them only about once in every hundred cases, or even seldomer. During their history, their use has so frequently run into abuse that an outcry, followed by a reaction, has followed. Such was the case in the time of William Hunter, Osborne and Denman, when the last insisted that the head should rest on the perineum six hours before the forceps should be used; and that "no case should be esteemed eligible for the forceps unless the ear of the child could be distinctly felt." Such were the rules laid down and widely obeyed, so that too frequently parturient women were allowed to drift into danger, injury and death, without anything being done for them.

The influence of this teaching may have been beneficial in repressing reckless and unskilful operators. The

dangers of supine non-interference and of hasty, ill-considered procedures may, perhaps, balance each other; but now neither ought to obtain. The subjects of cases where acceleration of labor is indicated by convulsions, hemorrhage, or other complications on the part of the mother, or of danger to the child from prolapse of the cord, were excluded from the inquiry.

He then gave the rules as laid down by Collins, the younger Ramsbotham, and George Johnston (in 1872), representing three different epochs. Yet when strictly analysed and compared, he said, it will be found that these rules are all but identical. Now men recognizing the same principles could differ so widely in their practice, is a curious study. It constituted, he said, the very kernel of the inquiry. Collins, in the Rotunda Hospital, used the forceps or lever but once in six hundred and seven cases; in the same hospital Johnston used the forceps in every ten or eleven cases.

Then came the question of the "high" or "low" operation. In the latter the head has passed the pelvic obstruction, and only that offered by the vulva remains to be overcome. For the "low" operation he prefers the forceps to Ergot, for the following reason: that there may be minor degrees of disproportion which are not easy of diagnosis, and where Ergot may be injurious as well as uncertain. As to obstruction necessitating the "high" operation, he said that frequently the labor was lingering because, though the waters have broken, they had not escaped sufficiently, the head acting like a ball-valve. Here the introduction of one blade of the forceps formed a channel for the ponded-up waters, which often permitted of their escape. Where this was not sufficient for efficient uterine action subsequently, then the second blade could be introduced, and the labor terminated readily. The dangers of passing the forceps through an unexpanded os are considerable, even in skilful hands, he holds; the uterus is often dragged bodily downward, and the lower segment of the uterus, and the thin edge of the os uteri, are considerably bruised in consequence. The tendency, too, is to retention of the placenta; and hemorrhage is much increased by such operation. The objections apply with especial force to primiparæ. Nevertheless, the resort to the use of the forceps is necessary and unavoid-

able in many cases, even where a tentative attempt is made, in order to see if delivery can be accomplished thereby, and other and more serious measures avoided. Johnston states that when the "high" operation is necessary, there is no more fissuring of the os uteri than occurs in first labors usually.

In order to expand the os thoroughly, warm water irrigation and hydrostatic bags are very useful. (One of the ablest country doctors I know has a great belief in the free use of lard as a lubricant in lingering labor, especially in primiparæ, and I have considerable respect for his mental processes.)

Dr. Barnes went on to say that neglect of the forceps entails abuse of craniotomy; after waiting unduly, the life of the child has at last to be sacrificed to save that of the mother. The late Dr. Robert Lee had a very large consultation practice, and performed craniotomy in no less than one hundred and eighty-six cases, while he used the forceps only fifty-three times. He never used the long forceps, and it is impossible to evade the conclusion that many children were sacrificed by the practice. Taking a scientific point of view, Dr. Barnes said that craniotomy should never be the alternative for the forceps. The dominion of this sacrificial operation is totally distinct from that of the conservative operation of the forceps. A more thorough acquaintance with the forceps and its use he thought desirable. Even then its use must be cautiously exercised. "*Ni jamais, ni toujours.*"—*London Correspondent of the American Practitioner.*

—EARLY APPLICATION OF FORCEPS IN TEDIOUS LABORS.—Dr. P. C. Williams read before the Baltimore Academy of Medicine a very practical paper upon the advantages of the early application of the forceps in tedious labors, based upon a large experience. He advocated the early application both for the safety of the mother and the child. In forty-five cases of tedious labor—some of which offered great difficulties—he succeeded in every case in saving the life of the mother, and in only two cases was the child lost. He applies the forceps at the superior straight in all cases in which the size of the head is not readily moulded into the excavation. That the child's head is diminished in size by orceps-pressure, he has evidence in the gradual approach of the

handles which correspond necessarily with the corresponding approach of the blades with the compressible foetal head between them. He does not endorse the more modern method of removing the instrument when the head is brought to the vulval opening, but continues the use of the forceps till the delivery of the head, as the best means of protecting the perineum from laceration. In this respect, he has been particularly fortunate. In rare cases, in which he fears that the perineum would yield, he has nipped on the side of the raphe with a scissors, and has in this way removed the imminent danger of laceration. He prefers the forceps in all cases to version; and when they fail he considers their previous application as a good preparation for the version which may then be tried.

Dr. John Morris reported his experiences with the forceps in which the perineum gave way in spite of all due care.

Dr. H. P. C. Wilson endorsed Dr. Williams' views in relation to the early use of the forceps in tedious labors when the head cannot engage at the superior straight. He thought that the forceps should always be applied before the mother has been exhausted by long continued but useless efforts at expulsion; and he further remarked that, with a well dilated os, and the fingers in the os as a guide, no harm could come from the forceps application. Now and then the child may have its face or neck excoriated, and even temporary paralysis may be occasioned by the forceps pressure. In two cases delivered by Dr. Morris last week, one child had paralysis, and the other convulsions, as the immediate result of the severe and long continued pressure of the head in instrumental delivery.

Dr. R. McSherry had always preferred the forceps to version, believing that it was easier to deliver by the head than to empty the uterus of all but the head.

—**EPITHELIOMA OF UTERUS REMOVED WITH ECRASEUR—PERITONEUM OPENED—RECOVERY.**—Dr. H. P. C. Wilson reported an accident which he had in the removal of a very large epithelioma of the neck of the uterus. The mass had filled up the upper half of the vagina, and seemed to be a good case for the use of the ecraseur. He applied it with all due care, but was shocked to find that in cutting through the pedicle the chain had in some way tucked in the posterior vaginal wall, and had cut its way into the peritoneal cavity through Douglas' space. After completing the removal of the pedicle with the thermo-cautery, he closed the vaginal peritoneal wound with silver sutures. Fortunately, no bad symptom occurred, and the case steadily convalesced as if no accident had happened. The result was in accordance with Dr. Wilson's views, that the ecraseur was a

dangerous instrument for the removal of cancerous necks, and that the thermo-cautery can be substituted in all such cases with very great advantage.—*Va. Med. Monthly.*

—**MISMANAGED LABOR A SOURCE OF MUCH GYNECOLOGICAL PRACTICE.**—He referred to the wonderful achievements and rapid growth of gynecology. Diseases are now completely relieved which a generation ago were considered incurable. The diseases of women have greatly multiplied, until it is nearly as difficult in this day to find a perfectly healthy woman as it was for Diogenes, in his age, aided by his lantern, to find a perfectly honest man. The doctor thought that there was a tendency in the minds of the profession to the study of gynecology, to the neglect of the more important department of obstetrics, and illustrated his statement by referring to the fact that, of the seventy-one papers in the three volumes of the Society's transactions, only sixteen of them related to obstetrics, and that of the sixty-one articles and discussions in the July numbers of the American and British obstetrical journals only twenty of those were devoted to obstetrical subjects. He referred to midwifery as the more important branch, "because, while in the former (gynecology) we render our patients more comfortable, and at times prolong life; in the latter (midwifery), by our operations and skill we not only save maternal and foetal life at the same time, but prevent the necessity of our patients calling upon gynecologists in the future at all, by preventing the occurrence of those conditions requiring their aid.

The object of the paper was stated to be to draw attention to the fact that gynecology derived much of its prominence and importance from the mismanagement of obstetrical cases and faulty treatment during the puerperal month. There was a growing tendency among general practitioners in the direction of assuming the responsibility of severe obstetrical operations and treatment without skilled counsel, which was not apparent in the field of gynecology. If the experienced accoucheur is not always able to avert danger, damage, or death, how much less could those who only occasionally attend cases of confinement, and are not acquainted with recent obstetrical text-books and literature.

A lengthy reference was made to the faulty management of abortion and its subsequent treatment, in allowing the placenta and secundines to remain undelivered in cases requiring manipulation for their removal.

The doctor declared that the patient was entitled, while undergoing the agony and enduring the exhaustion of lingering or difficult labor, to the best skill and most improved instruments.

and that the physician who attempted the performance of the capital operations in obstetrics without those necessary factors of success, when they are within his reach, assumed a very grave responsibility.

The paper closed with an appeal for a greater study of obstetrics and its clinical teachings in our colleges in the future, as the best means of preventing many of the conditions which we have to treat in gynecology.—*Proceedings of Amer Gyn. Soc. Obs. Gazette.*

—MEASLES have prevailed to an extraordinary extent in Chicago. The cases have mostly been mild in course, however.—*Med. Record.*

—PREVENTING MEASLES AMONG CHILDREN.—In a recent elaborate report on measles, made by the committee on Hygiene to the King's Co. Soc., the opinion was expressed that it was not advisable to quarantine cases of measles, nor to keep children from school when there was measles in the family. It is believed very difficult to prevent spread of the disease by mere measures, and the result was not worth the expense and inconvenience.—*Med. Record.*

—UTERINE HEMORRHAGE.—At the last annual meeting of the State Medical Society of Wisconsin Dr. Hunt presented a paper on Uterine Hemorrhage. There is no branch of practice of greater importance than that of obstetrics, and few cases give the young practitioner more anxiety than those connected therewith. Many a young man has labored under disadvantages which have acted against him for years, springing originally from lack of skill in conducting his first half dozen obstetric cases. All females are liable to abort to a greater or less extent during the child-bearing period, and the general practitioner is frequently called upon to manage cases of this character. Death from this cause is comparatively infrequent; nature, in a large proportion of cases, without aid from art, stops the flow of blood and saves the patient's life. But cases do occur in which the powers of nature prove insufficient for the work, and the resources of art must be called upon to save life. When called upon in such an emergency our first question must be, Is the fœtus living or dead, and if living can the flow be arrested and the pregnancy carried on to its full term with safety to the mother? This question is not easily answered during the earlier part of gestation, but later on the viability of the fœtus can be ascertained with a great degree of certainty; where, however, any doubt remains we are bound to proceed on the more favor-

able assumption, and direct our efforts toward the salvation of both lives. Our sheet-anchor is absolute rest and treatment by opiates in large doses. The patient should be at once put to bed, and opiates administered freely from the outset, otherwise valuable time will be lost. In addition to rest and opiates, cold applications to the abdomen and even within the vagina are powerful adjuvants in arresting the flow of blood.

Retention of the placenta at full term may cause hemorrhage, and occasion the death of the mother: No patient can be considered safe while the placenta remains in the uterus after the birth of the child, and the man would be guilty of gross negligence who should allow it to remain longer than an hour or an hour and a half; for all experience has shown that after that time the unaided power of nature will not suffice for its expulsion.

An adherent placenta is a common cause of hemorrhage. Under these circumstances it is our duty to administer a powerful stimulant at once if there has been profuse hemorrhage, or if the patient shows any sign of weakness; with one hand grasp the abdominal walls, or make a firm pressure over the uterus, and with the other, passed into the womb up by the side of the placenta, break up any adhesions that may exist between it and the uterine walls.

HEMORRHAGE FROM PLACENTA PRÆVIA.

The time at which we may expect flooding in this case varies with the position of the placenta; the higher up it is placed on the uterine walls the later in gestation will the uterine flow take place. We possess no means of making a correct diagnosis in these cases, and the patient remains ignorant of her great danger until warned of it by a sudden gush of blood. When convinced of the nature of the case with which we have to deal we should endeavor to save both mother and child, but the life of the mother should be our first consideration. We must enjoin absolute rest of both body and mind, calm the fears of our patient, administer a large opiate, and apply cold and even iced water to the abdomen and even within the vagina. Should the flow not be arrested by these means, the vagina must be thoroughly and completely packed with cotton wool, or similar material, saturated with alum water or some other powerful astringent. After the first attack we should keep our patient as quiet as possible, and inform her or her friends that there will be probably similar attacks before delivery. Having stayed the flow for the time being, when the moment of delivery arrives we must face the danger boldly or retire from the field.

In accidental hemorrhage the foetus is in the normal position, and the placenta in its proper place, but, owing to some acci-

dent, some injury, the placenta becomes detached from the uterine walls, and hemorrhage follows. In treating this form several things must be considered. If pregnancy be not too far advanced, we should endeavor to stop the flow, while, on the other hand, if our patient be in the eighth or ninth month, it will be good practice to administer ergot. Should the flow continue in quantity to endanger life, we must rupture the membranes and deliver as speedily as possible.

UTERINE HEMORRHAGE.

Prof. Fitch said: With regard to the principal part of the treatment laid down, I don't know that I have any criticism to make. I think, however, that the writer does not go far enough. He does not mention some of the most important means for relieving the hemorrhage occurring in abortion. Opium is often not well borne; it creates nausea and vomiting, and thus causes a pressure which has a tendency to dilate the os, thereby favoring the expulsion of the ovum. When abortion is inevitable, the question arises: What is the best means of conducting it? When the flow has been great, and the life of the mother is in danger, the use of the tampon is one of the most important measures to be employed. Usually I employ dry cotton batting, which I allow to remain in position about twelve hours, the patient meanwhile remaining recumbent with the head low and the hips elevated. Of course, this tamponing should never be done unless we are satisfied that the loss of the ovum is inevitable. I know that the use of ice is recommended, both externally and internally, but I must offer my evidence against the practice. I believe the exposure of the patient to this degree of cold and dampness cannot be other than injurious, and that the reaction may render her final recovery doubtful. I believe in keeping the patient as dry as possible, and have little confidence in the use of ice in any way. I would rather trust to the gradual dilatation of the os uteri by the use of the tampon, or by the pressure exerted upon it by the oozing of the blood. I make it a point, when the os is sufficiently dilated, to introduce the placental forceps and deliver the placenta, or the ovum, or whatever may be there, as rapidly as possible, and give at the same time ergot sufficient to produce strong contractions. I have used ergot for many years, and, where I have used a good preparation, I have never had unfavorable results.

I do not believe in the propriety of allowing the placenta to remain in the womb long after delivery. I think it bad practice. I never allow it, and I have not had a case of hour-glass contraction for twenty years, and very few excessive or dangerous hemorrhages. I give my undivided attention to the uterus until

after the placenta is delivered, and never leave the patient for a moment until this is effected. Waiting five or ten minutes after the birth of the child, in order to allow the uterus some rest after its hard labor, I stimulate it to contraction by pressure upon it through the abdominal walls, making traction upon the cord at the same time. I know that this is dangerous doctrine to preach to young men who are without experience. They may tear off the cord, and thus have no guide to the placenta itself; but I do not remember that I have ever torn a cord, and it need never be done when one has gained a little experience, and considerable force may be exerted too. I have tested to see how much traction I have been in the habit of making, and have found it to be about six pounds. I have used traction to the degree of six pounds many times without injury to the cord or without tearing it off. This traction should never be made, however, during the relaxation of the uterus—only at such times as it is firmly contracting; and if, moreover, any depression of the fundus is perceived, which may readily be done by means of the little finger which rests upon it, all traction should cease at once.—*N. Y. Med. Record*, May, 1880.

—**POST-PARTUM HEMORRHAGE.**—In the clinical records of the Rotunda Hospitals, presented to the Obstetrical Society of Dublin, the following interesting report was made by Lombe Atthill, M. D., Master:

Post-Partum Hemorrhage.—There were thirty cases of *post-partum* hemorrhage, some of which were of an alarming nature. The use of hot water in the treatment of this complication was very frequently employed both in the hospital and extern maternity, and has proved eminently satisfactory. It has, indeed, much to recommend it, for not only is it a powerful hæmostatic and excitant of uterine contraction, but it is also a general stimulant. If used with ordinary care it is not only harmless, but beneficial, by thoroughly cleansing the uterus from clots, portions of membrane, &c., which may have been left in its cavity; and, what is a matter of great importance, it is always at hand when wanted. It will not, we are of opinion, be found altogether to displace the use either of cold water, or of the perchloride of iron, but rather to be applicable to a distinct class of cases, in which the former of these remedies would be unsuitable and the latter unnecessary.

Dr. Atthill was first induced to try the use of hot water in the treatment of uterine hemorrhage, in the earlier part of the time embraced in this report, in consequence of a letter written by Dr. Whitwell, of San Francisco, to Dr. Foley, of Boston, who was studying at the time in this hospital.

The method of carrying out the practice is exceedingly simple. An ordinary syphon-syringe is the only instrument required, though we now use one with a long vulcanite nozzle specially constructed for vaginal and intra-uterine injection. This is carried up to the fundus, and, with the usual precautions against injecting air, and securing a free return, we inject water as hot as can be conveniently borne by the hand—*i. e.*, about 112° F.—in a full stream into the cavity, continuing thus until a good contraction is secured, and the water returns quite clear and colorless.

The following are some of the results of our experience in the use of hot water:

1st. In cases of sudden and violent hemorrhage in a strong and plethoric woman it is better first to use cold.

2d. Where from the prolonged or injudicious use of cold, the patient is found shivering and depressed, the beneficial effect of injecting hot water is rapid and remarkable.

3d. In nervous, depressed and anæmic women, hot water may at once be injected, without previously using cold.

4th. In cases of abortion, where from uterine inertia the ovum, although separated from the uterine wall, is wholly or in part retained, the injection of hot water is generally followed by most satisfactory results.

5th. Where the injection of the perchloride of iron is considered necessary, previous injection of hot water clears the uterus of clots, &c., permitting the fluid to come directly in contact with the bleeding surface, and lessening the chance of septic absorption.—*Buff. Med. & Surg. Jour.*

—POST-PARTUM HEMORRHAGE; INJECTION OF PERCHLORIDE OF IRON; DEATH OF PATIENT.—Mrs. M. H., aged twenty-three. This woman, who was married to a soldier, had been for some time in bad health attending the out-patient department, but previous to admission into the hospital was so ill that she was unable to leave her bed. When first seen she was very feeble and anæmic, and presented many well marked symptoms of tertiary syphilis, which disease she said she had acquired two years previously; she also stated that this was her second pregnancy, having previously given birth to an immature and putrid fœtus, and that she feared this child was also dead, as she had not felt its movements for about three weeks. On examination she was found to be already in the second stage of labor, the head presenting. Shortly afterwards the child was born, dead and putrid as predicted. About twenty minutes after this, the placenta not having come away, the pupil in attendance sent for assistance. The uterus was found enormously distended, almost filling the

abdomen. On pressure being made, a quantity of blood and clots were expelled with the placenta; cold water was injected into the uterus, but failing to cause contraction it was immediately followed by hot. Ergot and sulphuric ether were at the same time injected hypodermically, after which the womb contracted firmly, but the general symptoms were very alarming—the pulse could not be felt at the wrist, the patient became very restless, endeavoring to sit up, crying out that she would smother, that all was dark around her, she could see nothing. The foot of the bed was immediately raised, and the pillow taken from under her head. At this critical juncture the uterus again relaxed and hemorrhage recurred. The solution of perchloride of iron was produced, but before it could be injected a violent convulsion came on. The case now appeared to be desperate; nevertheless, as a *dernier ressort*, the styptic was resorted to. The tube of the syringe was passed up to the fundus, and about six ounces of the fluid injected. The uterus did not contract; respiration immediately ceased, and she was dead. About forty-five minutes elapsed between the birth of the child and the death of the mother.

Autopsy.—There was general thrombosis throughout the entire venous system; none of the solution had, however, entered the fallopian tubes or the peritoneal cavity.—*Exchange.*

—**THREATENED MISCARRIAGE—CLINICAL OBSERVATIONS ON VIBURNUM PRUNIFOLIUM.** BY JOHN JAMES, M.D., PHILADELPHIA.—My attention was first called to this remedy several years ago by Dr. F. Sims, of this city, as a very certain cure for threatened miscarriage. Having given it a good trial, and found its reputation in such cases to be deserved, I propose giving three or four cases of the large number in which I have used it successfully.

It is true viburnum has not been without its failures, as every other remedy, but by far the greatest number of trials have been successful; when it has failed, morphia sulph. has stopped the impending danger if anything could.

I have not given it a sufficient trial in dysmenorrhœa to speak as positively as Dr. E. M. Hale and others, yet the results in the few cases in which I have used it have been good, that is, palliative, if not curative.

Mrs. R., mother of one child and the subject of a previous miscarriage, was pregnant about three months when, after jumping from an unusually high car-step, she was attacked with sudden flooding and pain, which continued at intervals for nearly two days before I was called. I found the hemorrhage very profuse, the pains regular, the os partially dilated.

The testimony of the mother of the patient was, that of a certainty the fœtus had passed ; but doubting it I prescribed the viburnum tinct., eight drops in half a glass of water, a spoonful every quarter of an hour. Two or three doses wrought material change, when the time was gradually lengthened to two hours ; the next morning pain and discharge were both stopped, and in a few days she was about as usual, continued to full time, and was delivered of a healthy child.

A peculiarity of the case, however, was that twice between this threatened miscarriage and the delivery she was attacked with violent hemorrhage without pain, giving rise to a fear of placenta prævia, but which was evidently caused by a partial detachment of the placenta. Cinnamon tincture cured both attacks.

Mrs. N., mother of one child and subject of one miscarriage, after a very long walk, was attacked in the night with a free discharge (a gush,) followed by pain at intervals and continued flow. Upon reaching the patient in the morning I prescribed rest (which she did *not* take), and viburnum as before, every half hour ; improvement began immediately and continued without any return of the trouble.

Mrs. M., mother of three children and subject of several miscarriages, has mucous dysmenorrhœa and quite frequent passage of moles at menstrual period ; was called last June and found the following symptoms : three months pregnant, chills slight, flashes of heat and oppressive breathing, headache, backache, nausea, vomiting ; had great gush of blood followed by pains. Viburnum gave immediate relief, and there has been no return since.

I have noticed that the cases which have responded the quickest to the viburnum are those with the great flow or gush of blood at or near the beginning of the trouble.—*Trans. Penn. Hom. Med. Soc.*

—COLD AND HOT WATER IN POST-PARTUM HEMORRHAGE.—Dr. Lombe Atthill says (*Dublin Journal Medical Science*) that in the lying-in hospital of Dublin this method has been adopted as a regular routine treatment.

The method of carrying out the practice is exceedingly simple. An ordinary syphon syringe is the only instrument required, though we now use one with a long vulcanite nozzle specially constructed for vaginal and intra-uterine injection. This is carried up to the fundus, and, with the usual precautions against injecting air, and securing a free return, we inject water as hot as can be conveniently borne by the hand—i. e., 112 F°—in a full stream into the cavity, continuing thus until a good

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4th. In cases of abortion, where from uterine inertia the ovum, although separated from the uterine wall, is wholly or in part retained, the injection of hot water is generally followed by most satisfactory results.

5th. Where the injection of the perchloride of iron is considered necessary, previous injection of warm water clears the uterus of clots, etc., permitting the fluid to come directly in contact with the bleeding surface, and lessening the chance of septic absorption.—*Obs. Gazette.*

—ABORTION THROUGH SYMPATHY.—It is well known to veterinarians that among cows abortion prevails apparently through sympathy, becoming epidemic in herds. The following case, reported by a writer in the *British Medical Journal*, looks as if the same thing may occasionally occur in the human species. He writes:

Some days since I was hurriedly sent for to see a woman, wife of a small tradesman, who was said to be violently flooding. On my arrival, to my surprise, I found *two* women in the one bed. The one for whom I was especially sent was said to be now easier, and free from flooding, but that the other (her sister) was very bad, her "womb having come down" suddenly, while looking after her sister. Upon examination I found a three months' fetus born, all but the head. I removed the child and placenta, which followed immediately, and turned to my other patient, and found that she, too, was miscarrying, and at about the same period of gestation.—*Medical and Surgical Reporter.*

HOT WATER FOR THE INDUCTION OF PREMATURE LABOR.—Dr. Benicker related at the Berlin Obstetrical Society (*Berlin Klin. Woch.*, Dec 29) a case of dropsy of the amnion, showing the advantage of inducing premature labor by irrigating the vagina with water at a temperature of 40° R. (122° Fahr.), to which some carbolic acid had been added. Two injections in the evening brought on pains which increased during the night, and after

two other injections in the morning the cervix became well dilated. Dr Benicker recommends this procedure as an energetic means of exciting labor without injury to mother or child. Its effects will vary according to the degree of excitability of the uterine fibres in different women. Mr Möricke related a case in which he had in vain attempted to induce premature labor by injecting first pilocarpin and afterwards hot water, which was employed five times. He eventually succeeded by means of a bougie. Dr. Runge, who had already published a successful case, cited another in which the injection failed. All trials that have been made show the harmlessness of the procedure for the child. Dr. Veit referred to a case in which excessive rigidity of the soft parts was overcome by the injections. Dr. Wagscheider stated that many years since hot-water injections were employed in Berlin, but were given up on account of the bad effects they were supposed to have on the child.—*American Homœopath.*

—MANAGEMENT OF THE AFTERBIRTH, BY J. H. MARSDEN, M. D.—The following remarks are intended to apply only to cases wherein the placenta is detached by the natural powers alone, or if undetached, its adhesion is nearly a normal one, which has failed to be broken up simply through failure of uterine action. To speak of abnormal adhesions and their management would much transcend our present purpose. Beside it has heretofore been fully discussed before this Society with greater ability than I can command.

It has been said, in effect, by some one, that it was only after the birth of the child his anxieties began. This was in reference to the delivery of the afterbirth, which he considered the more delicate and difficult part of his professional duty. Indeed there is no point in the conduct of labor, where a serious error is more likely to be followed by disastrous consequences to the patient or discredit to the attendant.

As a preliminary expedient it is well to have the nurse or other well-informed assistant, in the latter throes of labor, to apply the hand over the region of the womb, prepared to follow it up after the head is born and the body of the child is passing, by a *firm*, equable pressure, downward and backward, and to be maintained until the accoucheur is at liberty to supply its place. This pressure should be gently kept up till the moment arrives for final action in delivery.

The question how long should we wait for the removal of the afterbirth has not been definitely settled nor can it be. The time must necessarily vary according to varying circumstances. When there is nothing requiring immediate action, such as actual or threatening hemorrhage, it is best to let the patient enjoy

a few minutes' rest, so as practically to recover from her exhaustion. The womb, fatigued from its recent efforts, is not immediately disposed to second our attempts. By a little delay we give the blood time to coagulate within the uterine sinuses, thus affording greater security against flooding, while that already extravasated within the uterine cavity is permitted to form clots, and may thereby be more readily extruded along with the other contents.

Our delay, however, should not be too protracted, otherwise the parts may contract to such a degree as to greatly increase the difficulty to the operator, and pain and danger to the patient. Fifteen or twenty minutes is a space ordinarily sufficiently long—often it may be considerably shorter.

The method of delivering the afterbirth has greatly varied at different times, and in the hands of different practitioners, and as yet there is no one universally agreed upon as the best. The late Dr Churchill, whose work upon *Midwifery* has been very justly held in high estimation, gives us the following advice: "When the binder is applied, the patient may be allowed to rest for awhile if there is no flooding, after which, *when the uterus contracts*, gentle traction may be made by the funis, to ascertain if the placenta be detached. If so, and especially if it be in the vagina, it may be removed by continuing the traction steadily in the axis of the upper orlet at first, at the same time making pressure upon the uterus."

This is the method still probably practiced by a majority of accoucheurs, if not in the United States, at least in England. It is certainly open to many objections, and amongst these a very prominent one is, its great liability to abuse. Inexperienced practitioners are apt to make injurious traction upon the cord when they fail to succeed by gentle force. Velpeau tells us of the case of a student who, not succeeding in accomplishing his purpose, by a too violent and misdirected force had separated the cord from the placenta. We often meet with similar accidents in cases attended by ignorant midwives.

The method termed "Expression of the Placenta," seems to be growing into favor, both in this country and upon the Continent of Europe. Although foreshadowed by the Dublin School of Obstetrics, the credit of bringing it prominently before the profession is given to Credé and other German writers. It consists in applying to the delivery of the afterbirth a "*vis a tergo*," instead of, as formerly, a "*vis a fronte*."

Dr. Playfair a late British author, who is very enthusiastic in favor of this method, gives us the following directions for its successful application: In the first place he advises an interval of fifteen or twenty minutes before interference, during which the

attendant should sit at the bedside with his hand upon the womb, but not kneading or forcibly compressing it. "When we judge" says he, "that sufficient time has elapsed, we may proceed to effect expulsion. For this purpose the fundus should be grasped in the hollow of the left hand, the ulnar edge of the hand being well pressed down behind the fundus, and *when the uterus is felt to harden*, strong and firm pressure should be made downwards and backwards in the axis of the pelvic brim. If this manœuvre be properly carried out, and sufficiently firm pressure made, in almost every case the uterus may be made to expel the placenta into the bed along with any coagula that may be in its cavity. If we do not succeed in the first effort, which is rarely the case if extrusion be not attempted too soon after the birth of the child, we may wait until another contraction takes place, and then re-apply the pressure. I repeat, that after a little practice the placenta may be entirely expelled in this way, in nineteen cases out of twenty, without even touching the cord, and the bugbear of retained placenta will cease to be a source of dread."

However successful this method may generally be, we will sometimes find patients, whose abdominal walls are so exquisitely tender, that they would scarcely bear the requisite amount of pressure without extreme suffering. Even when so deeply under the influence of chloroform as to be apparently insensible to their natural pangs, they will at once resist the application of the hand externally over the womb.

There are others again, in whose cases the placenta is, almost immediately after the birth of the child, extruded from the womb and lodged almost entirely in the vagina, where it is but little under the control of uterine contractions however forcible.

Upon the whole I would prefer to regard each case according to its own peculiar exigencies, and adopt such method as experience and common sense suggest as best suited. According to this view we will often find a combination of methods better suited to the case before us than any single one alone.

My general practice is somewhat as follows: After waiting an interval such as above indicated—longer or shorter according to existing circumstances—I introduce all the fingers of the *left* hand, well oiled, into the vagina, in the gentlest manner possible, and generally without causing much pain. If the placenta be found lying loose in the canal, I remove it by compressing it with all the fingers, the points being applied around its edges, so that it readily follows or rather accompanies the hand when withdrawn. If it be still within the womb, I endeavor to ascertain by gentle manipulation with the left hand upon the cord, whether it be detached or not. If it be detached I try to stimulate the

womb to contraction by pressure with the *right* hand applied externally. When it is felt to contract I apply a stronger force with the right hand downward and backward, and as the placenta is extruded from the uterus, receive it with the fingers of the left hand, compressing it inwards or centripetally from the edges and withdraw it as before described.

By whatever method the placenta may be delivered, great care should be taken to prevent the membranes from tearing so as to become separated from it, and be left behind in the womb. The best method to prevent this is to twist them into a cord by a rotary motion of the hand, as we remove the afterbirth.

When the placenta is found to be yet undetached, we should desist from further attempts at removal, give a dose of pulsatilla, and wait till we think proper to make another effort. We will mostly find, if not morbidly adherent, that it can be removed with surprising ease upon a second trial.

If, however, we are disappointed in this, if the placenta still remain *in situ* and undetached, and if the inertia of the womb be such that we cannot hope for its detachment in reasonable time, we may surround its borders with the points of our fingers, and with suitable pressure, drawing them inward concentrically, give the whole hand a somewhat wrenching movement. If not abnormally adherent, the placenta will yield to this manœuvre, —if it be, its management does not fall within the scope of this paper.—*Trans. Hom. Med. Soc., Tenn.*

—ADHERENT PLACENTA.—By C. P. SEIP, M.D., PITTSBURG, PA. Of the three stages into which labor has been divided, the delivery of the placenta constitutes the third stage. The prevailing impression among the profession seems to be that the placenta, when left entirely to nature, is expelled with the fetal surface first. But this is not the case. The detachment of the placenta commences, mostly, at the upper edge, and always presents at the uterine orifice folded up, according to the length of the uterus, and not transversely or *inverted*. It has become customary to interfere with this part of labor, so that the natural expulsion of the placenta is seldom observed. By making traction upon the cord, the fetal surface is always brought forward, and the bulk thus presenting is always more difficult to remove than when left to nature.

Its expulsion from the uterus is generally effected in from fifteen to twenty-five minutes, but it may remain in the vagina for several hours. If the expulsion be left to nature, in many instances it may be retained for hours, but in consequence of the influence that this retention frequently exerts on the minds of patients, it has been deemed advisable by most practitioners to

facilitate its discharge. This is usually done by making traction on the umbilical cord. This simple traction upon the cord will do well enough if the placenta is, in part at least, expelled from the uterus. Before traction is made, the position of the placenta should be ascertained. This can easily be done by introducing the finger into the vagina, and if the placenta is within reach, slight traction upon the cord may be all that is necessary. If, on the contrary, the placenta is not within reach, and the womb can be felt near the umbilicus, and is not very hard, the placenta is probably still in the uterus, and our next step is to ascertain whether or not it is detached. Should it be detached, its expulsion may be anticipated as soon as uterine contractions take place, but so long as it still remains attached no traction upon the cord should be made, as serious consequences may result.

* * * * *

The adhesion may be partial or complete. The degree of resistance which these adhesions sometimes offer is so firm that it is with great difficulty that they are broken up; at others the separation is easily effected. In some instances the placenta is so friable as to come away in small pieces. Unfortunately there are some women who have a predisposition to these morbid adhesions. One case under my care, in her sixth confinement, and every labor was complicated with this abnormality. The adhesion was so firm that it was impossible to remove the placenta except in small fragments. It being the first case of the kind that I ever had, I sent for counsel. The doctor, a man of considerable experience, soon arrived, but did not seem to be in a hurry to do any thing, being under the impression that the danger was all imaginary on my part. To his surprise he found affairs worse than he had ever encountered before. The placenta was entirely removed in small fragments, and the patient made a good recovery without any further complications.

Since then I have had two more similar cases, and both made good recoveries. Hemorrhage always accompanies partial adhesion, and it is these cases that require prompt interference; but when the adhesion is complete, and without hemorrhage, it is advisable to wait for several hours, that time being often sufficient to effect a separation. I cannot conceive of any condition where it would be advisable to wait longer than three or four hours, as it is well known that the longer after birth of the child the more difficult it is to introduce the hand into the womb. This may be regarded as sufficient time for the uterus to recover its force, especially if the proper medicinal agents have been employed. By longer delay we may encounter difficulties that had previously not existed; the vulva, vagina, and uterus become tumefied and painful, and the case becomes more complicated.

Although much good may be accomplished by the judicious administration of homœopathic remedies, we should not rely too much upon them for success, to the entire exclusion of other efficient and safe means. The limit to justifiable delay has been by some writers extended to several days, if hemorrhage does not in the mean time supervene. This is entirely too long, as putrefaction may take place, followed by septicæmia, and its disastrous consequences; also from the extreme liability to hemorrhage during this time, the patient and physician are kept in a constant state of anxiety. Would any practitioner, in the present advanced state of obstetric art, for a moment entertain the idea of allowing the placenta to remain in utero, or depend entirely upon internal medication for its removal? I hope not, at least not among enlightened practitioners.—*Trans. of the Hom. Med. Soc. of Tenn.*

—REMARKABLE ESCAPES.—At a recent meeting of the Cincinnati Medical Society the following singular experiences were related:

Dr. Taylor remarked that a curiosity in medicine had that day been brought to his notice. A child had been taken to the hospital with the following history. It had been picked up in an alley, and there was satisfactory evidence that it had been thrown by its mother from a third-story window (a fall of nearly 30 feet) immediately after birth. The cord had been cut but not ligated. The child had apparently escaped injury almost entirely. There was a small tumor or swelling about the size of half a hickory nut on one of the parietal bones, and a slight scratch on the malar bone about like it had been made with a pin. There was a slight blueness of one arm, but it hardly appeared different from the general livid condition of the child; and a drop of dry blood in one ear, which was not looked upon as having come from any wound of the child. Its breathing was good, motion complete, and it cried with average strength. After arrival at the hospital it vomited half a tablespoonful of dark brown substance, which was probably meconium. In its mouth was a blue speck like a slight extravasation. The appearance of very superficial abrasions of the cuticle gave the idea of specific disease.

The interesting point in the case was that there was no decided injury after such a fall. This child was removed from the hospital several days afterwards apparently well.

Dr. John Davis remarked that it was singular what curious accidents sometimes occurred among children, and what wonderful vitality they sometimes possessed. He knew of a child two years of age which fell from a stable loft striking its head on

the top of a cistern and producing a depression of the yielding cranium which was apparent for a considerable time. The child was with this exception unhurt.

Once a boy 8 or 10 years old fell and received a wound in the head from which was lost a teaspoonful of brain substance; and another boy of 10 years had the parietal bones so separated by the kick of a horse that there remained a permanent breach in the bony structure of the skull. Both boys recovered perfectly.

Dr. Goode mentioned a case of a child two months old falling from a third-story window to the pavement below (a distance of 26 feet), and escaping with only a fractured clavicle.

Dr. Davy related an incident to which his brother was an eyewitness. A lady with her child occupied a seat on a railroad car by an open window.

The lady had occasion to leave her seat for a moment, and during her absence the child crawled out of the window unseen by the other passengers. The mother returning, missed her child, and an alarm was raised and the train stopped. After backing down about a mile the child was found and picked up quite unhurt. This, the speaker considered a remarkable escape as the train, at the time of the accident, was running fully twenty-five miles an hour.

Dr. Gaylord spoke of a boy six years old who, while flying his kite, fell from the roof, and bounded over a fence, but reached the ground without sustaining an injury.

Dr. Carson knew of a child which, when quite young, narrowly escaped being eaten by a hog, and at the age of two years tumbled out of a second-story window without being injured.

Dr. W. Judkins remembered the case of a child aged 18 months which fell from the second-story window to the pavement striking a shutter while falling. This child escaped with only a broken femur.—*Cincinnati Lancet and Clinic*.

—To GET offensive animal odors from the hands, wash them in a strong solution of copperas, or persulphate of iron. To get persulphate of iron stains off the hands and rid them of the rough feeling, use rapidly a little dilute muriatic acid. To get plaster-of-Paris from the hands (*Medical Record*), a little bicarbonate of soda or potassa added to the water in which the hands are washed.

—ANTIDOTE TO THE IMMEDIATE ILL EFFECTS OF TOBACCO SMOKING.—Chemical research has recently brought to light the explanation of the effectiveness of acid phosphate in neutralizing the immediate ill consequences of the use of tobacco. It is well known that to most persons smoking beyond very moderate indulgence induces wakefulness or disturbed sleep, or depression of spirits. The counteracting effect of acid phosphate is also well known. The explanation is simple. It lies in the combination with and neutralization of the nicotine from the tobacco smoke, which lingers in membranes lining the mouth. It is here as the late Dr Edward Clark pointed out, that the immediate nervous effects of the tobacco are felt. The nerves that are distributed over the interior walls of the mouth receive and transmit the narcotic and other effects of the nicotine to the nervous centres—the brain and spinal marrow. If the smoking be at intervals and moderate the sedative effects alone will be observed, and may not be injurious in most cases, but continuous smoking for long times is unquestionably harmful and may produce lasting ill effects. Dr Clark ascribed it primarily to the absorption of the alkaloids through the membranous lining of the mouth and their action on the nerves. The neutralization of the alkaloids arrests their action. When insomnia is feared, the mere rinsing of the mouth, with the diluted acid phosphate, will prevent it, as well as at once clear the brain from any depressing effects of the smoking.—PROF. E. N. HORSFORD.—*Am. Homœopath.*

OBITUARY.

—CONSTANTINE HERING was born in the town of Oschatz, in Saxony, Jan. 1, 1800. He died in Philadelphia, July 23, 1880. With many who pass away from us this is the record they have made, and this is all. It was otherwise with the subject of this notice. Between these two dates, was traced a life so characterized by development of extraordinary powers of mind and qualities of heart, so filled full of labors, fruitful of good to men and science, that in recording its close we are greatly impressed with the sense of the fact that this life stands alone in its record of activities, discoveries, teachings, and additions to the knowledge of the world, in branches of science so important and intimately connected with its welfare. We are further impressed, when we write Hering died, by the sense of a great loss to the world, and which must be to many individuals, as to the writer, wholly irreparable. It is no disparagement of other men when we express the conviction, that our loved and revered friend has left no

successor. And that when we ask—who shall take up the work he has laid down, we seem to be answered only by echo. His mind and labors were those of a giant. His heart that of a woman, sympathizing, generous, kind.

The great characteristic of his mind, its restless activity, was manifested early in life, and he was soon engaged with the facts of the world in which he found himself. This was true, even so early as that age in which, in most young lives, toys make the charm and give the pleasures. Even so early this young mind was engaged in finding out new facts, and in endeavors to answer the whys and wherefores, which were ever and inevitably arising to stimulate to new activities. This early love of *finding out all about it*, grew with his growth, and marked all the subsequent years of his life. The desire to know more, and the labor necessary to this never departed from him. This desire for increase of knowledge was accompanied in the heart of Hering by the desire to impart to others the fruits of his labors as soon as these were gathered. These two passions of heart and mind constituted him the great teacher of those who were less fortunately circumstanced, and less splendidly endowed in heart and mind than himself. He was the teacher because he could not help it. It was his nature.

From 11 to 17 years of age, he studied in the classical school at Zittan. His love for natural sciences was thus early manifested in a valuable collection he made at this time, of objects of natural history. His medical studies were in the surgical academy at Dresden and the university of Leipsic. While so employed he was engaged to write down Hahnemann and his doctrines, which were then being a good deal talked of, and as they were becoming influential in the community, were troublesome to the practitioners of the current school of medicine. In casting about for some one of their members who would be able to give the *coup de grace* to both, they were told if any one could do this it was young Hering. He agreed to the undertaking, confident in his ability to bring it to a successful issue. In order to do this he saw clearly that his first step was to acquaint himself with the doctrines he was about to endeavor to destroy. As he progressed in this knowledge, he became so much interested in what he read, that he determined to make some practical experiment with the agents Hahnemann employed, and in accordance with the doctrines and practical rules he inculcated. The result was a conviction in his own mind, that that which he had been set to destroy was a truth to the interests and advocacy of which he ought to devote the life and powers God had given him, and this he did from that time to the day he ceased from his earthly labors. In this conviction he knew no misgiving. In this de-

votion, no halting nor interruption. It became from henceforth his one great life impulse. He was graduated in medicine at the University of Wurtzburg, March 23, 1826. His graduation thesis was entitled *De Medicina Futura*, in which he expounded and maintained the doctrines of Hahnemann. His ability and scholarship were so well known at this time that in the May following his graduation, he received an honorable appointment as teacher of mathematics and the natural sciences in Berckmann's Institution, in Dresden. From this he was sent by the King of Saxony to Surinam, South America, to make researches and collections in Zoology. He remained in Surinam, pursuing the object of his mission, and studying and practising homœopathy about seven years. At the end of this mission he sailed for his return to Dresden in a vessel bound for Philadelphia, proposing to proceed from there by the earliest opportunity to the place of his destination. This he was never to do. The fascinations of a woman bound him and gave him to the land which from that time became his future home, and to us who have drawn from him so largely the inspiration which has made homœopathy what it is in the land to-day—a power of beneficent healing beyond all that the land or world had known, before his advent into it. He found in Philadelphia and neighborhood, a few earnest and capable men engaged in the practice of homœopathy, and a few intelligent and earnest patrons of this system, who together with Hering, organized a school for the instruction of students in the philosophy of the system of healing taught by Hahnemann.

From this institution, went out those who planted this practice in leading positions in the country, and thus created centres of influence from which impulses went over the country, giving to the people and the profession, a knowledge of a better method of cure than they had known before, and results in healing which have given to the system its present power and standing in the land—numbering at the present time its practitioners by many thousands, and its patrons by many tens of thousands. Thus it has come to pass, that though Hering was not the first to practice the system in our country, we are indebted to him more than to any other man for its success here, and for the intelligence which has been infused into its clinical experiences.

At the advent of Hering in this country, homœopathy was represented only here and there, by one and another, scattered over the land at long distances from each other. These were often but poorly instructed in the philosophy they were endeavoring to practice. There was no literature in our language by which they might be taught. There were neither schools nor books for this purpose, till Hering and his associates created the school

at Allentown. Public opinion was almost wholly opposed to its inception. If it were then mentioned, it was oftener than otherwise only to make it the object of a sneer. He lived to witness the contrast to this in the number of its adherents, in a large and fruitful literature, in colleges as many as are needful, and in a public opinion in our favor so great that we may truly say, it gives to our merits all the consideration its professors and practitioners deserve. To this contrast no man has contributed directly or indirectly so much as the man whose death we have announced. He was ever the friend and teacher of all who were desirous of being taught. He was a teacher by his words and his pen, ever busy and ever discovering new truths, while his greatest comfort was to impart a knowledge of his discoveries to whoever was willing to give to them a respectful attention. It is not too much to say of this incessantly busy life, that the fruits of its labors have enriched homœopathy beyond those of any other man, perhaps Hahnemann alone excepted, if indeed he be an exception. It has been said, and we believe truly—take from homœopathic literature the contributions of Hering and you have robbed it of all its wealth. The same author, in characterizing his writings, remarks—"Those of no other man are so compact with thought, so abounding with facts contributed to our knowledge, with suggestions of relationships of these to other facts, and to each other, so luminous with the effulgence of genius, so astonishing by reason of the great labors they disclose. The wealth of thought and suggestion is so great that in view of it, one of the ablest masters of our school said—other men are constantly catching up the sparks which Hering is constantly throwing off, and expanding them into great fires, and passing them off as their own."

Such was Hering as scholar, teacher, author, and discoverer of truth. As a physician his insight into the nature of diseases and their curatives, gave him among his fellows a pre-eminence which all recognized and acknowledged. He was quick in his perceptions, ready in his judgments, clear and singularly right in his conclusions. Of course his practical record could not be otherwise than one characterized by brilliant successes. Among practitioners who were eminent, he was pre-eminently great. Few there have been who could stand beside him, or his peer.

As a man he was endowed largely by nature with the noblest qualities. Frank, generous, affectionate, true, noble in his aspiration, loving the good and hating all that is mean, he has left a memory to us, to which we can always recur with pleasure and profit. As an embodiment of great knowledge and learning, by his death he impresses us with a sense of our great loss, and we are constrained to say, we shall never look upon his like again.

BURKE.—Abraham C. Burke, M.D., died at his residence in Brooklyn, April 15th, 1880. At the May meeting of the Homœopathic Medical Society of the county of Kings the following resolution, in regard to the death of Dr. Burke was passed:

WHEREAS, Abraham C. Burke, M.D., one of the earliest members of this Society and one of the pioneers of Homœopathy in Brooklyn, after a protracted illness which he bore with most remarkable cheerfulness and Christian resignation was on the 15th of April removed from our midst by death—

Resolved, That in this dispensation of Divine Providence the profession has sustained a great loss as well as this community, whose respect and esteem the deceased had won in a remarkable degree by his uniform kindness and fidelity and his eminent Christian character which was conspicuous at all times in his intercourse with his fellow-men.

Resolved, That we tender to the afflicted family and friends our heartfelt sympathy in their bereavement.

Resolved, That a copy of these resolutions be sent to the family of the deceased and to the medical journals for publication.

DUFFIN.—J. P. Duffin, M.D., died at his residence in Brooklyn, N. Y., May 13th, 1880. At the June meeting of the Homœopathic Medical Society of the county of Kings, the following action was taken in regard to the death of Dr. Duffin:

WHEREAS, Divine Providence has removed from our membership our late associate and friend, J. P. Duffin, M.D.,

Resolved, 1st. That in this event we have lost an honorable and worthy colleague whose example as physician, citizen and friend made him worthy of the highest esteem and won for him the confidence of his associates and friends.

2. We commend his example of faithfulness in the discharge of his professional duties and of his uprightness and integrity as a citizen of this community.

3d. That a copy of these resolutions be transmitted to his family and friends with the sympathy of this Association.

4th. That our Secretary be requested to give a copy of these resolutions to the medical journals of our school for publication.

THE HOMŒOPATHIC JOURNAL OF OBSTETRICS

—AND—

Diseases of Women and Children.

HENRY MINTON, A. M., M. D., EDITOR.

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AUGUST, 1880.

VOL. II.

In criticising an article on miscarriage published in the February number of this Journal the editor of the *Physicians' and Surgeons' Investigator* complains of the number of remedies recommended for so "simple an accident" as an abortion, and remarks that he believes "that all the remedies necessary to treat an aggravated case could be written on a finger nail. We do not mean to dignify this silly attack by any extended notice. The reckless disregard of truth in almost every line of it, shows that its author is not an antagonist a gentleman would care to measure swords with.

In the treatment of miscarriage, says this would-be critic, over 500 remedies are employed, we mentioned but 59. The character of the discharge required 169 remedies we are made to say in this article ; in truth, we mentioned 28. Out of our 29 remedies for the character of the pains he makes 67, and out of our 37 for the mental condition he makes 91. All the other statements of the critic, are equally at variance with truth.

The author of this weak attempt to be caustic and severe, thinks an abortion a very "simple" affair. A consideration of this "immature and unfledged" *Investigator* convinces us it may be so.

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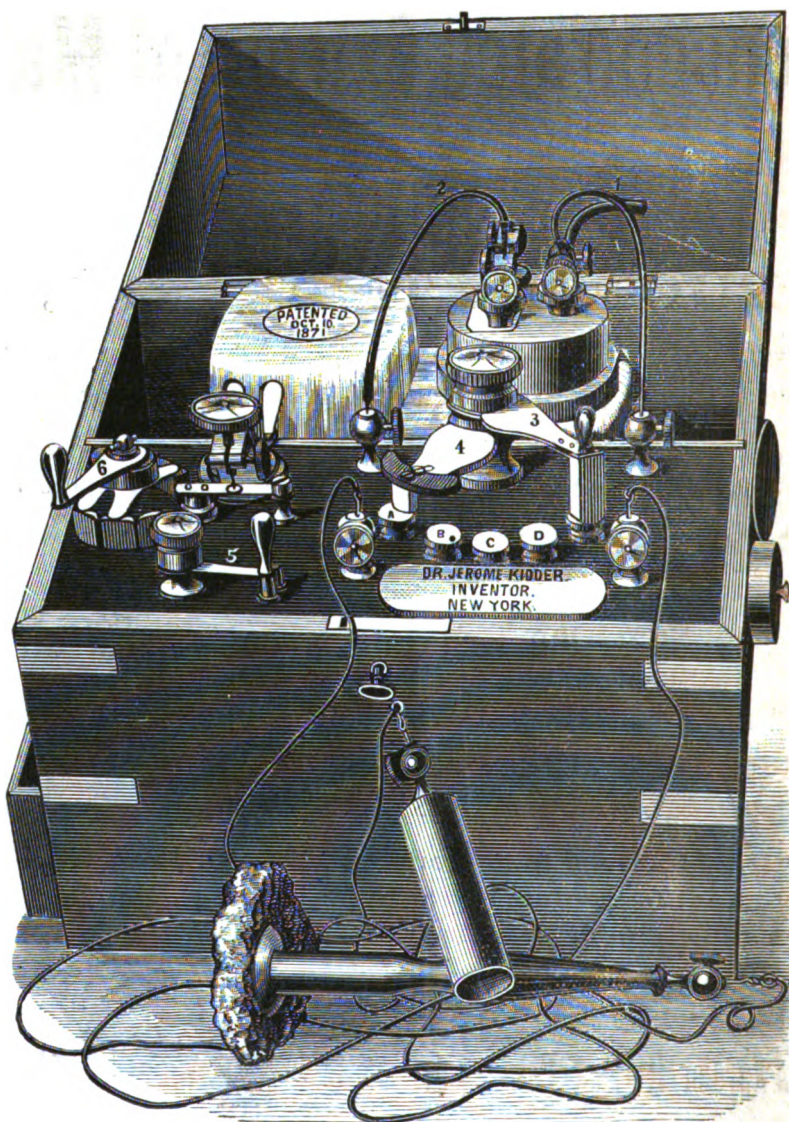
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THE HOMŒOPATHIC  
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—AND—

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ORIGINAL COMMUNICATIONS.

ANTERIOR, OBLIQUITY OF THE UTERUS, A FRE-  
QUENT CAUSE OF TEDIOUS LABOR. ITS  
TREATMENT.

WM. H. BIGLER, M. D., PHILADELPHIA, PA.

From an exaggerated dread of “meddlesome midwifery,” many remediable causes of tedious labor are left to be rectified by nature, at an expense of time, patience and force that could be considerably lessened by the interference of art.

The same principle that governed the general practitioner of the Old School in the exhibition of his remedies, viz., to give his patient as much as he can stand, or until physiological effects are produced, appears to rule many obstetricians, and writers on midwifery. We are

exhorted to let certain conditions and symptoms alone, to wait, not to interfere with nature *until* the strength of the parturient woman begins to flag, or some other untoward or dangerous symptom arise.

Now however beneficent nature may be, and however much she may be able to accomplish, we must acknowledge that there are many ways in which she may be assisted without injury. She has in each individual case only a certain amount of force at command, and that often limited in its action by circumstances over which she has no control. Why then she should in so many cases be compelled to work alone, oftentimes in the face of removable obstacles, when our rational assistance could shorten the length of her labor, I could never understand. When the slower process of nature promotes the safety of the patient—which it does not by any means in all cases—then it would be unjustifiable to interfere. I imagine, however, that were any of those who now so calmly counsel a masterly inactivity, by some special interposition of Providence favored to be taken in “the perils of child-birth,” and his labor be rendered tedious by some one of these remediable causes, the next edition of his work would strongly recommend early interference.

Among the various causes of dystocia to which reference is here made as being amenable to treatment, and yet likely to be left by nature to remove, none has seemed to me more frequent than an Anterior Obliquity of the Uterus.

In consequence, probably, of a reaction against the extreme view of Deventer, who saw in it the most general cause of difficult labor, and the most frequent cause of transverse positions, later writers were inclined to neglect the consideration of the obliquity of the womb as a cause of dystocia, and the means of remedying it. Thus we find Denman, for example, writing: Though it

(the os uteri) were oblique, such position is not to be considered as a general cause of the difficulty, but as an accompaniment of some other cause. \* \* \* \* \* It must, however, be allowed that some labors are procrastinated by the mere oblique position of the os uteri, and that it is often combined with other causes of difficult labors, though singly it may not be of sufficient importance to be the cause of truly difficult ones.

At a still later day, however, its importance was again more fully recognized, and the necessity and mode of interference pretty generally inculcated.

At the beginning of a perfectly normal labor, the axis of the uterine tumor should be perpendicular to the plane of the superior strait, at or nearly at its center. It is evident that there may be a deviation of the axis in one of four different directions, viz., *anteriorly*, *posteriorly*, and *laterally*, to the right, or left. This deviation again may be of various degrees, from the one so trifling as to be scarcely recognizable, and not at all appreciable in its effects on parturition, to the extreme one that demands even from the most dilatory, manual interference.

Some accoucheurs have denied the possibility of a posterior obliquity, but in the face of instances of it recorded by other reliable and observant obstetricians. The prominence of the sacrum and the lumbar vertebræ would naturally render it of extremely unfrequent occurrence. Of the lateral deviations we do not propose to speak.

As the gravid uterus rises from out of the pelvis, its course will be governed by the amount of resistance it meets in one or the other direction. Thus it will naturally be directed to the right or left of the promontory of the sacrum—most frequently to the right, and in assuming its position in the abdominal cavity. the condition of the particles of this cavity will be the governing circumstance. Anything that has a tendency to pro-

duce a cavity of the anterior wall, will have a tendency also to allow of an anterior obliquity of the womb. Hence we find as the most frequent causes of this condition, ill-health, a low condition of the general muscular system, undue accumulation of fat, or previous pregnancies, especially if they have been attended by an unusual quantity of amniotic fluid and consequent undue distension. When the laxity is extended we may have the womb, when its fundus gets above the pelvis, inclining more and more forwards and downwards, until it almost rests upon the thighs. This displacement has been called *ventre en besace*, *venter propendulus* and *Hängebauch*. It causes much discomfort and pain during pregnancy if not properly supported by a bandage, and renders the completion of labor without interference difficult if not impossible.

In order to diagnose a condition of anterior obliquity, recourse must be had both to abdominal examination, ocular and manual, and by the vaginal touch. The former will, by the peculiarity of shape revealed, suggest a diagnosis which the latter will readily confirm.

If there be one precept which is of more importance than another in obstetrical, or indeed, in gynecological practice generally, it is this: Find the os, or know why you cannot. It seems almost puerile to insist upon this, but whoever has seen or heard of some of the many mistakes resulting from neglect of this fundamental rule, will readily grant its importance. In the case before us, failure to find the os, has led to the diagnosis of imperforation of the womb, or complete obliteration of the neck, and as a consequence vaginal hysterotomy has been occasionally performed, when subsequent examination, and the birth of other children *per vias naturales* have shown that nothing more than an obliquity of the womb was to be remedied.

On introducing one finger into the vagina we will be

struck by the difficulty experienced in finding the os. This is of course directed backwards to a varying degree, according to the amount of inclination of the axis of the womb. If the head be engaged in the excavation the finger will first meet a voluminous, smooth and rounded tumor, upon which no opening corresponding to the os uteri can be detected. This tumor is readily distinguished as the head of the child, but it is not at all times so easy to say whether it is the head protruding from the os still covered with the membranes, or projecting through them, or whether it is the anterior surface of the distended cervix through which we feel the head. The sensation communicated to the finger is in each case a different one. The smooth solidity will serve to distinguish the surface of the womb from the yielding yet tense projection of the bag of waters, and from the wrinkled puckering bare scalp.

When the finger is carried upwards and backwards, towards the sacro-vertebral angle, it will in most cases be able to recognize, though at times with very great difficulty, the anterior lip of the cervix; the posterior one is generally out of reach. If it is impossible to find the os with the finger, I would not hesitate to introduce the whole hand well lubricated as advised by Dewees and others, for it *must* be found or its non-existence proved.

Conjoined abdominal examination will serve to guard against two possible errors. We might be led from the difficulty in finding the os to diagnose obliquity of the body of the womb, when we had nothing but an obliquity of the orifice to deal with. Or we might, trusting to the vaginal touch alone, and the ease with which the os was found, be led to overlook an existing obliquity of the womb, an anteflexing in which the womb is shaped like a retort, and where the os corresponds to the centre of the evacuation notwithstanding the great forward inclination of the body of the womb.

Having diagnosed correctly, our conduct in the premises will depend very much upon what kind of prognosis we have been taught to make.

Even the slightest appreciable degree of interior obliquity is capable of retarding the progress of the labor. As the obliquity increases, the delay and risk become greater. The os dilates but slowly and the pains may, although unavailing, be sufficient to wear out the strength and endurance of the woman. "If the membrane be prematurely ruptured, or if the pelvis is unusually large, it nearly always happens that the child's head presses the anterior inferior part of the uterine wall before it; which part appears at the vulva, while its orifice is directed upwards and backwards. But if the pelvis is small, this engagement of the head does not take place, and the anterior uterine wall is then forcibly compressed between it and some portion of the superior strait. The enormous distension in the former case by the pressure on the lower part of the uterus in the latter, expose this portion of the organ to laceration or gangrene." (Cazeaux.)

We see then, that delay may become dangerous, and to avoid any risk, early interference is called for, the more so because, if properly and carefully rendered, the assistance can be productive of no harm, but will be the means of saving much time and suffering. "It is not the question whether the unaided powers of Nature may not *eventually* overcome the difficulty, but whether we cannot more profitably to mother and child interfere. Whenever we can spare an hour's, or even less, pain, it is right, nay, it is obligatory upon us to do so. We are not to permit a patient to suffer a great positive evil from the apprehension of a small contingent one." (Dewees.)

How much more humane and philosophical than the doctrine of Cazeaux in regard to this obliquity? "It constitutes a source of delay in the progress of parturition,

but it scarcely ever becomes a serious cause of dystocia. Consequently, in these, as in all other slow labors, the first duty of the practitioner is to wait."

Finally, as regards treatment, the indications are to restore the natural inclinations of the uterus and to keep it until the labor has so far advanced as to render further help unnecessary. These indications are best fulfilled by the position of the patient and by external and internal manipulation. Even those who deprecate manual interference speak of the assistance that a dorsal position renders the efforts of Nature to rectify the anterior obliquity. It is recommended to put the patient early to bed, and to keep her upon her back, as we thus elevate the fundus and gradually project the os more and more toward a central position. I have, however, in some cases, found it advisable to go directly counter to this precept, and as I think, with great benefit to the patient. If, on making a vaginal examination, I find the head not at all engaged, I keep the patient on her back in bed, supporting the fundus, either with her own hand or a carefully applied bandage. A certain mechanical sense is necessary to know exactly where to apply the greatest mechanical support, and exactly how much force is required to just tilt the womb without interfering with its descent.

If, on the other hand, the head has already engaged, or seems inclined to do so, I do not allow my patient to remain in bed, but urge her to walk quietly about the room, supporting the fundus with her hands clasped under it, being careful from time to time to see that the support is again applied just at the needed angle. An intelligent and observant patient will always feel the benefit of this manœuvre, and will soon learn of herself gradually to shift the point of upward pressure, as the axis assumes a more normal direction.

But it frequently happens that these means are not sufficient, and repeated examinations, after apparently



the "best kind of pain," show that no progress is being made, or that the anterior uterine wall is being pushed lower and lower before the slowly advancing head. It will then become necessary, while still continuing the external manipulation, to act at the same time upon the neck of the womb. For this purpose we introduce one or two fingers into the orifice of the uterus, during an interval in the pain, and seek to draw it gently towards the centre of the strait, at the same time supporting and pressing upward the fundus with the other hand. We endeavor to retain the os in its new position during the following pains, or to replace it again in the succeeding interval by the fingers, which are not to be removed if possible until the direction of the forces and the axis of the uterus are in correspondence. This simple, but at times exceedingly tedious proceeding, will shorten many a labor by hours, and save the patient much unnecessary suffering. It can, of course, best be carried out with the patient in bed. In one case, however, after many hours of suffering to the patient—and doctor—without any appreciable progress, I had the patient stand up, and while I drew at the os she pushed at the fundus, and then in a comparatively short time we got things well under way. She had always been relieved with instruments previously. This method has its decided disadvantages. I would not recommend it, except when all other means fail, before proceeding to extreme measures.

"If the reduction of the obliquity of the delivery become impossible, our only resource is to open an artificial passage, by making an incision into that portion of the uterine wall which projects into the vagina (the vaginal Cæsarean operation). Still, this ought to be considered an ultimate resource, and one not to be resorted to until after the impossibility of introducing the hand into the uterus to effect the pelvic version has been fully ascertained." (Cazeaux.)

## LACERATION OF THE CERVIX UTERI.

BY O. S. RUNNELS, M.D., INDIANAPOLIS, IND.

Read before the Fourteenth Annual Session of the Indiana Institute of Homœopathy, May 25th, 1880.

In the year 1862, Dr. T. A. Emmet, of New York, accidentally discovered that laceration of uterine neck was the important factor in the cause and persistent continuance of many cases of uterine malady. Prior to that time, the great number of uterine cases dependent upon this condition for cause were beyond the boundary of skill—the victims being allowed to drag their miserable lives along with no hope of relief, or with their expectations forever fluctuating between exaltation and despair as they made their futile efforts to gain relief under the treatment of this or that famous physician in this or that school of medicine. All relief-measures failing to cure, from the single remedy and selected potency of the one practice, to the caustics and tonics of the other, the disappointed sufferers, as a last resort, either retreated to some water cure establishment for temporary benefits under Graham and regimen, or resigned themselves to fate and death's tardy release. But while the producing cause had been thus fortuitously revealed, the value of the discovery together with the steps requisite to the cure of the condition were but slowly, through the years, working themselves out in the mind of the discoverer; and it was not until February, 1869, that they were very briefly communicated to the profession in a paper on the "Surgery of the Cervix."

In this, as in every innovation, the subject was so full of novelty and boldness, and was so meagerly reported, as to do little more than to attract the professional notice of the curiously inclined; so that it was not until November 1874, when Dr. Emmet published his essay on the

"Proper Treatment of Lacerations of the Cervix" that this great step in gynæcology can be regarded as having been really taken.

It has been then but a little over five years that this subject has been before us for observation, employment and estimation; but they have been years of unexampled progress in this branch of our art—an advancement, too, very largely due to the proper appreciation and repair of this accident—and embodying results which must inure to the welfare of the race for all time. It is then to the consideration of the fact of this accident, its resultant pathological condition and the possibility and certainty of complete and ready cure that I ask your attention. Laceration of the cervix is regarded as an accident of labor, and consists in a solution of continuity in the uterine cervical tissue in one or several places. This solution is the effect of the expenditure of inadmissible force upon the expanding tissue at the time of the expulsion of the uterine contents, and is occasioned in one of several ways—unavoidable or avoidable as we shall see. It may result because of disparity of size, pathological or normal, between the presenting part or body to be expelled, and the expanding part, or canal through which the body must pass, in which case *something must yield*, and the cervix or perineum, one or both—and usually both—are lacerated. It is asserted by high authority that with primiparæ this is, to an extent, always true—that there is at least a *slight* tear, in both localities, a giving way of circular uterine fibre and destruction of fourchette, and which, if only slight, is a trivial matter, but which, if extensive, must be the source of subsequent malady. Again it may follow tedious labors; where there has been impaction or stasis of the head for too long a time, and which results in local death and sloughing and a cicatrix in all respects identical with that following a laceration.

It may be produced also by the injudicious or unskilful employment of the obstetric forceps and almost invariably by that application of criminal force expended with the design of expelling from the uterus its living contents. Of all the agencies in its production, *tedious labor* is the most fruitful cause; while *rapid labor* and the damage done in producing abortion come next in order of pregnancy; and it is repeatedly found after labors in all respects apparently normal. Summing it all up, then, the cause is usually found to reside in an undilated or undilatable os and cervix, and the too sudden or unavoidable expenditure of force thereon—the exception to the rule being found in the opposite condition of too long continued pressure. Regarding the frequency of this accident as well as the means demanded to again restore integrity, there is at this time a wide difference of opinion. While none can be found to dispute the possible occurrence and fact of the accident, the number is larger who deny its marked frequency and very small, I think, who comprehend its potent pathological import. That such a difference of opinion should exist concerning so important a subject of healing is not at all singular, inasmuch as every curative procedure is alike the subject of great diversity.

Much less should it be wondered at in this instance, inasmuch as the time of observation and experience since its claims have been made has been so exceedingly brief, as to preclude in the mind of the profession generally its intelligent acceptance or rejection.

The testimony then of those most largely experienced in diseases peculiar to women must be admitted as of first importance in reaching a decision; together with such evidence corroborative or rebuttal as we may ourselves possess. Dr. Munde states, “of *all* women applying to him for uterine treatment, 17 per cent. exhibit laceration of the cervix.” Dr. Pallen puts the average at

fully 40 per cent.; while Dr. Emmet, the very best witness found in 500 cases of uterine disease, in women who *had been impregnated*, 33 per cent. with lacerated cervix. Of course, these gentlemen are specialists and come in contact, from all parts of the country, with a larger number of those heretofore incurables than a general practitioner is apt to do; but, inasmuch as they are thoroughly schooled in methods of observation and insist upon the *full and unreserved testimony* of the patient—upon having, in fact, the patient under their complete control—it is fair to believe that these have approximated the true percentage and that the ratio will hold good generally. This being true, it becomes us to inquire why physicians claiming to devote particular attention to gynæcology do not occasionally find a cure of laceration of the cervix, and why they do not, in a measure at least, corroborate these facts. This is a radical inquiry inasmuch as it must outlive the basis of all success or failure in the practice of gynæcology; and if dressed in plain talk must expose the most lamentable state or professional superficiality.

I must refuse to endorse the opinions and experiences of that doctor who is allwise and intuitive enough to make his diagnosis at a glance. Who can tell practically what the matter is without enquiry and who is too deep-learned and mysterious to at all stand in need of such helps as the most rigid investigation can afford. To say, "*I guess it is so;*" or, "*I know it is so;*" when *I don't know it is so*, introduces, to say the least, uncertainty and distrust. Such an investigator is unscientific, and if a medical man, is a criminal bungler. Guessing about diseases, either medical or surgical, is always hazardous, but guessing with the *eyes shut* is doubly so. Doctors there are, as you know, who claim to have an index finger so trained that they can in the dark accurately outline and differentiate every phase of uterine lesion;

and so confident are they in the possession of this ability that they discard the vaginal speculum and taboo its use.

Others content themselves in the single possession of the common cylindrical speculum and with its very infrequent, because very unsatisfactory, use; while still others consider themselves abreast of the times in the ownership of some one of the valvular specula and the uterine probe. Now all of these means are, as I shall show you, inadequate for the detection and appreciation of the lesion under consideration. After the cervix has been torn and while the soft parts are soft enough to be flattened out by pressure on the floor of the pelvis there remains no evidence of the laceration, and the true condition frequently cannot be at all detected by either sight or touch. At the time of occurrence when the parts are in a state of flabbiness, contusion and extreme sensitiveness, from their great distension, any examination would be filled with difficulty and should not, except for imperative reasons, be made. These reasons are to be found in those cases of *persistent post-partum hemorrhage where uterine contraction is firmly established*. In such a case the accoucheur is justified in supposing that the bleeding issues from other source than the placental site—must issue from some laceration along the uterine way and is either cervical, vaginal or perineal. If it should be perineal, which is readily determined by touch or inspection, the duty of immediate suture-closure is outlined and all uncertainty as to origin is at an end. But, if the integrity of the perineum be assured, then the source of the hemorrhage must be found midway between the uterine and perineal bodies and is, in all probability, from the neck of the womb. If the hemorrhage be *profuse* the immediate duty is to bring such adjuvants to bear as will stop it. The clots should be turned out of the vagina, a piece of ice imbedded in cotton introduced

and the vagina thoroughly tamponed. This, by the way, is the only form of post-partum hemorrhage in the treatment of which the tampon is at all admissable. The use of all styptic applications should be avoided, if possible, inasmuch as suppuration of the lacerated surfaces is apt to follow, and union by the "first intention" produced. The hemorrhage being under control, as soon as advisable, within 12 or 24 hours after the labor, the patient should be placed in the left lateral semi-prone position, the clots or tampon gently removed, a Sims speculum introduced, and the vagina carefully cleansed. The rent being detected, sutures should be introduced, as in the secondary operation, and union by the "first intention" and a speedy and complete recovery expected. This will be regarded as a bold procedure and will doubtless receive general and special censure; but if the subject be carefully studied the objections will nullify themselves. There arose the same remonstrance regarding the immediate repair of the lacerated perineum, but to-day all practitioners are a unit as to the duty of the midwife in at once coaptating the lacerated perineal surfaces and keeping them so. This, I believe, will ultimately be the accepted rule regarding lacerations of the cervix; for there is no question but that the integrity of the subsequent health depends upon the coaptation and union of these torn surfaces. This being so, the sooner it can be done after the occurrence of the accident the better. Months and years of invalidism will thereby be saved and a speedy convalescence from the lying-in assured which, but for this step, would be the certain commencement of the decline of health and happiness. A brief recital of the effects of this accident, unrepaired, will convince of its importance. First occurs a suppuration of the lacerated surfaces, which may result in a low form of septic fever, or pyæmia; or an active cellulitis, which is, in fact, its most important and frequent com-

plication, may supervene in connection with or as a consequence of it.

Subinvolution of the uterus is the invariable result and the patient has a slow, "hard getting up." Nature, in her attempt to repair the rupture, is baffled by the weight of the large uterus resting on the floor of the pelvis.

The circular muscular fibres of the cervix no longer having continuity, the longitudinal fibres contract and together with the heavy superincumbent weight compel the wound to gape something like the mouth of a fish. The flaps, or wings, thus formed and forced apart are, eventually, covered with a prominent touch-me-not-or-I-bleed granular erosion. This erosion, usually called an ulceration, is one of the commonest features of this condition, and may be regarded almost as pathognomonic of the condition. Partial strangulation as in paraphimosis, results from contraction and retraction of the different muscular fibres around the laceration, and together with the weight of the uterus and the lack of cervical support, on one or both sides, leads either to prolapse or some form of flexion or version.

All the morbid manifestations are increased as the uterine circulation becomes more and more obstructed. The erosive condition becomes vastly more prominent so as to present an appearance of rank vegetation. The follicles of the everted cervical membrane having undergone cystic degeneration present an appearance which is hardly distinguishable from cauliflower excrescence. Indeed many a case *has been mistaken for cancer*, and the sadder thing about it is, that it is one of the *prolific causes of that dread malady*. The early and long continued chafing of the delicate everted uterine membrane against the coarser, vigorous folds of the vagina, together perhaps, with the professional help of caustics applied for the cure of this "ulceration" results in the forma-



tion of a dense cicatricial plug in the angle of the rent. This hard, unyielding tissue holds in its embrace many delicate ruptured nerve filaments which, imprisoned and inched as they are, voice their never-ending moan of complaint in distant and unoffending organs. This is such a prominent and never absent symptom that whenever I find a woman with "nerves all on the surface"—in the highest degree sensitive—and with an excruciating, persistent and recurring "algia" in some part of her body, I am led to impeach the uterus of grave misdemeanors and to demand a settlement of that question before going any further. In the majority of instances the history of the case will reveal that the trouble immediately followed some difficulty, hasty, or long continued labor—usually her first—and that she has never been a "well woman" since; that some form of vaginal discharge, more or less profuse, has ever since been present; that in most cases the unnatural flow is much more profuse and prolonged—amounting frequently to a hemorrhage—and that subsequent to that time she had either been sterile or the victim of frequent miscarriages, inasmuch as this lesion is a prolific cause of both. The case before you, for instance, is the subject of indefinable mental and physical suffering, has been, probably from the first, under almost continuous and profitless professional care, and is certain that unless she can find help somewhere, she "will go crazy." She may be incredulous when you intimate that her difficulty is of uterine origin, and tell you that she is as "well there as any woman," and that Doctors So-and-so have treated her for either neuralgia of the stomach, heart disease, enteralgia, sciatica, indigestion and constipation, irritation and congestion of the spine, some variety of headache occasioned by anæmia, or congestion, malaria or general debility, one or all; or that they have treated her locally during months and years for "ulceration," "inflamma-

tion," or displacement with all sorts of strong applications, injections and appliances and only to make her worse continually; or with only temporary and short lasting benefit.

Your own physical examination is now to be looked forward to with intense interest; for, if you shall be able to detect the *cause* of this disturbance, to outline the *first step* in the morbid process, you have in the majority of instances opened a door to a brilliant success.

This is the cardinal step in your management of the case and should be characterized by great thoroughness. I must remand you to some of the voluminous works on gynaecology for the more definite outline of this procedure and can here merely mention some of the landmarks to failure. While the digital touch is of first use and importance in defining many facts necessary to know regarding the size, sensitiveness and other characteristics of a morbid cervix; and together with the bi-manual method leads to valuable knowledge concerning the uterine position and mobility, it is inadequate to afford those exact data which will lead to successful differentiation. In the case of laceration of the cervix it will fail entirely to afford any conclusive evidence. Congestion and cicatrization are potent factors in obliterating the tactile and ocular evidences of this lesion.

A *cylindrical speculum* is of no practical value in leading to this discovery, inasmuch as its field is too limited and fixed to afford comprehensive and undistorted knowledge; and he who depends solely upon its use must be content with disappointment. Any of the *valvular specula* may erase all evidence of the laceration by its effect of tension upon the vaginal and cervical tissues in the expansion of its blades. As the limbs diverge to their fullest extent, or to the limit of endurance, all the tissues within the scope of the field are seen to be under stretch and even if a fissure of the os be present its visi-

bility is thereby obliterated. I have repeatedly observed this fact and now resume my diagnosis until I have used some form of *perineal retractor*, according to Sims. By this method you will find the parts in as near a normal position as it is possible to get them under any circumstances and if, as is often the case, the traces of this accident be indistinct and uncertain you can by the use of the proper uterine tenacula determine to a certainty their existence. To be sure this involves a great deal of effort and the help of an assistant but then all such examinations should be, for protection, made in the presence of a third party, and there is no excellence in gynecology without a careful and thoughtful diagnosis. A laceration then, being found in any one of its various forms—unilateral, bi-lateral, sellate, or multiple—the gynecological duty is clearly outlined and should be at once faithfully entered upon.

Let not the profession longer delude itself with the vain hope of establishing a cure by the single use of internal medication; for however well chosen the remedy may be, or however astute the physician in the selection of the potency, *high* or *low*, failure must inevitably result. This is a surgical lesion, and, if cured at all, must be cured by surgical means. No cleft palate or hair-lip was ever adjusted and healed by a medicine, and no torn cervix can ever be restored by a potency. The process of involution which was arrested by the occurrence of the accident should, by a course of preparatory treatment, such as the local and long continued use of hot water vaginal injections and glycerine tampon be completed and the parts restored to as nearly a healthful condition as possible. This done, which will occupy several weeks or months, the operation for the restoration of cervix should be performed.

The various steps in this procedure are so minutely detailed in the works of Emmet and Goodell—now to be

found in the libraries of every gynæcologist—that I at once refer you to those sources for information and omit their repetition here.

You will be gratified by the very kind manner in which nature receives your effort—inasmuch as evidences of systematic disturbance are scarcely noticeable, the pulse and temperature, during the convalescence, showing scarcely any departure from the normal—and as complete success in the banishment of the morbid phenomena invariably follows the cervical restoration.

Trachelorrhaphy, as it is very properly called, may be regarded as one of the safest operations in all the domain of surgery, and second to none in the amount of benefit bestowed. The gratitude of your patient for the signal relief afforded will be, as I have repeatedly experienced, literally beyond expression, and does not diminish as the months and years go on with the full tide of restored health, but with no trace of the old debility or torturing twist of the familiar neuralgia.

It is evidence for the vital truth of this measure that it has in a half-decade revolutionized gynæcological practice and reduced its opposition to a minimum.

As a last digression, I want to lay down an emphatic rule for guidance in gynæcology: Never concede to any woman the undisputed right to suffer and continue to suffer from mere “general debility.”

Take it for granted *always* in such cases that there is some specific cause for it all, and do not be content or cease from search till you find it. Never prescribe for such a patient until you have reached a rational diagnosis. By such a course you will place your feet on solid ground and build a structure of health for the invalid that will endure.

In this connection I desire to present you the brief notes of a case illustrative of this condition. And while all cases are “individual” in their manifestations and do

not exhibit the same picture, yet there is, in all troubles of this origin such a common similarity as to lead, when once known, to quick recognition. These patients may suffer particularly in one way or another, but when the great sympathetic system of nerves is waving distress signals from every outpost the language is too emphatic too admit of any misunderstanding, and you may confidently expect to find the enemy in the pelvic region.

CASE.—Mrs. A., age 35; height 4 feet 10 inches; weight 120 lbs. Was as a girl very healthy except that she always suffered extremely from dysmenorrhœa. Was delivered of her first child—10½ lbs.—seven years ago. The labor was very difficult and lasted, she says, one week. She finally became powerless and it was a forceps delivery. Her convalescence was very slow and painful and she was not able to walk a square for five months, during all of which time she was of no account whatever. Was anæmic and very sensitive to external impressions both mental and physical.

Gradually acquired strength but was never well as before. Menses were now *profuse* but not specially painful; had a marked leucorrhœal discharge. She could not feel that she “was herself again.” During the second year after the birth she was an invalid all the time. Suffered from indefinable aches and pains all over the body but particularly in the lumbar and sacral regions. Her doctor called it “rheumatism.” Gradually improved and in the third year again became impregnated. During the carrying of the child was all right; could walk, bear fatigue and had a good appetite. The second birth was normal and the recovery neither slow nor painful. But when the baby was six weeks old unpleasant symptoms again began to manifest themselves. She had continuous backache, frequent periods of flooding; dizzy spells; sleeplessness and times of internal nervousness that were only relieved by copious weeping.

She now became my patient and under indicated remedies for many weeks made doubtful improvement. I finally insisted upon a full knowledge and found a very sensitive, congested, prolapsed and retroflexed womb, with an os margin angular, everted and covered with granulations. During the wane of the congestion further on in the subsequent treatment, I discovered in addition what was difficult or impossible to prove at first, viz., a sulcus or groove extending from the os to the right lateral border of the cervix, together with another of lesser extent leading posteriorly. These were rendered prominent and unmistakable by the use of the proper uterine tenacula. When the opposing surfaces were properly brought together and the angles of the os were obliterated so that the margin was circular, thereby proving a laceration.

Under the local treatment before outlined, together with the indicated internal remedy, there was again very manifest improvement, when to my surprise I found her for the third time pregnant.

In the second month she was suddenly seized by a severe neuralgia of bowels and stomach, which continued, in spite of treatment, the better part of two weeks. She was greatly prostrated by it, and convalesced very slowly, as from a malignant sickness. From that time until delivery she had frequent returns of these illnesses, all being the same general symptoms, but of variable duration.

The delivery was quick, and she convalesced better than at either of the former occasions.

She now considered herself cured; but while she felt "well," as she said, there was inclination to "hold herself up all the time" by placing the hands over the lower abdomen, and a constant readiness to sink into a chair whenever possible, yet had "no leucorrhœa" and no definite uterine pain.

Three months after delivery, suddenly there was a return of the old "spell." This was a type of all that followed—at intervals of a few hours, days, weeks, or months, as the case was—until she was finally cured. For two or three days before the attack there was a premonitory stage of depression and irritability; but on the day of its occurrence she felt unusually well. Without warning the attack came with sharp pain in the region of the vagina, extending to sacrum and back, which, though very severe, would last only three or four minutes, and then spread as a flame upward, including every organ of the body, in paroxysms of pain that were beyond endurance. Every breath was a groan and attended by a sense of extreme suffocation. The pulse was always greatly accelerated. During the pain it was imperative that she lie flat upon the back—on the floor or wherever the attack seized her—and movement from that position during its continuance was impossible. The intensity of the pain she described as being "only comparable with that "just at child birth and immediately preceding, although the agony was far greater." She was partially or completely unconscious during the attack, with features as pale as death. In five or ten minutes she would suddenly break out in a cold, profuse perspiration that chilled her and which rolled down her face in great streams. At the same time there was an involuntary action of the bowels, or she would vomit a frothy, bitter water.

These attacks would pass off as suddenly as they came; but although free from pain, she would regain strength again very slowly.

Upon my return, after a prolonged absence from the city I found her in all most continual suffering from these attacks. Her physician had employed his best similitum, without the least benefit, through several months, and all concerned had well nigh reached despair.

Remembering the former condition and believing it to be provocative of the disturbance, I at once determined upon surgical aid. This being readily assented to by the patient, she was again put under preparatory treatment, and when all evidence of cellulitis and uterine congestion had been removed I successfully performed trachelorrhaphy.

She is now, six months after the operation, perfectly well in all respect with not a vestige of the former troubles.

This, to be sure, is only a single instance of relief, but it is a result universally experienced in the radical treatment of well defined cases of this order.

Such at least has been my observation in several other cases so treated, and is fully corroborated by the record of other gynæcologists.

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## PERINEAL LACERATIONS.\*

BY R. N. FOSTER, M. D.

Professor of Obstetrics in the Chicago Homœopathic College.

**MR. PRESIDENT :—**The subject of perineal lacerations is just now attracting a large share of attention in medical literature, and from the general tenor of the observations made thus far, much practical good seems likely to result therefrom. In the first place the

### FREQUENCY

of perineal laceration during labor is in a fair way towards a frank and healthy acknowledgment. The vague but

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\* Read at the meeting of the Ill. Hom. Med. Association, in Chicago, May 18, 1880. (It was moved and carried at this meeting that all papers relating to Gynecology &c., be sent to the Hom. Jour. of Obstetrics for publication.)



general impression conveyed by writers on this subject heretofore has been that the accident was exceedingly rare, occurring possibly once in every ten or twenty or more labors, according to the skill of the medical attendant, and indeed not occurring at all if that skill had been sufficient or sufficiently exercised. In fact, a little cloud has overshadowed the physician who heretofore has been known to have a ruptured perineum under his care. This fact has led to the concealment of such accidents.

Then again few physicians have been careful enough to make ocular inspection of the perineum after every labor, and without such inspection no one can possibly tell whether, in the case of slight lacerations, such injury has occurred or not. Again and again have I been surprised to find my sense of touch contradicted by my sense of sight in this matter. Nor is it enough to make a hasty survey of the closed vulva even by the eye, especially if the woman lies upon the side. The woman should be placed upon her back, the labia should be widely separated, and a good light thrown directly upon the parts, after which the vaginal floor, higher up than can be seen, should be carefully explored by the touch. When this sort of common-sense and actual examination has been made, and not till then, are we prepared to say whether in a given labor the perineum has been injured or not. And when such examination has been practised systematically for years, I venture the prediction that statistics founded thereupon will acknowledge that laceration of the perineum occurs at least

#### ONCE IN EVERY FOURTH LABOR.

Of course the greater number of these lacerations are unimportant. They readily heal without any interference whatever, and thus tend to confirm that professional carelessness which never makes an examination. Many of them heal partially, leaving the perineum shorter than

before, but causing no local or other ill consequences. In more serious cases the severed edges heal separately, leaving the perineum much shortened, perhaps not one-half or one-third its original length. It is in such cases that serious consequences follow, especially in women of delicate constitution. In stronger women we have met with cases of old rupture reaching entirely to the anal sphincter, and none of the evils usually ascribed to that condition had resulted. In fact, the women were not aware of any inconvenience whatever arising from the injury. But in delicate women the case is very different. With them uterine prolapse, retroversion, rectocele, and kindred ailments, are certain to follow.

The degree of rupture is therefore to be considered first. If it be not sufficient to entail any local difficulty, no harm will arise from overlooking it altogether. But how shall we designate

#### THE DEGREE OF RUPTURE

so as to indicate when we must interfere to promote a restoration of the parts? The usual nomenclature which seeks to designate the lacerations as of the first, second or third degree, is too arbitrary and clumsy. There seems to be no special need of technicalities in this matter. The female perineum is about one and a half inches in length, and is anatomically defined very sharply, as the structure reaching from the posterior commissure of the vulva to the anal orifice, and with an indefinite breadth. This means only the external or tegumentary perineum; and as nearly all the lacerations requiring attention involve this part, we may clearly enough define the laceration by saying just how many quarter inches of this integument is severed. Furthermore, inches will be as readily comprehended as centimetres, and quite as accurate.

Now, if a laceration of the perineum occurs which in-

volves only a quarter of an inch of this tegumentary structure, it is of little consequence. It will hardly fail to heal of itself. Still it will do no harm to see to it that the torn edges do not slip past each other, or remain separated by clots or ragged portions intervening, and so heal separately, thus diminishing the perineum by so much. This is the more important chiefly because such healing frequently leaves an exquisitely sensitive, and therefore annoying, cicatrix. If the laceration should involve a half inch of the integument, double care is required in securing coaptation of the edges, which being done, the healing is certain within from three to nine days. With every additional quarter inch of tearing it is obvious that the seriousness of the case increases, and the necessity for careful management increases proportionately.

Thus far no one can disagree with the modern doctrine, as set forth by Thomas, Garrigues, Danforth, Payne and others, that thorough examination of the perineum after every labor is the imperative duty of the accoucheur. That such examination will show a much larger percentage of ruptures than has heretofore been acknowledged, I am certain, and calmly await further reports to prove it. But when these gentlemen, one and all, tell us that for the cure of such lacerations we must resort to the surgeon's needle, I beg leave to protest; and even in opposition to so many and so excellent authorities, I affirm that any case of perineal laceration, not involving the whole thickness of the anal sphincter, can be made to heal promptly and perfectly without resort to any such measures. I can imagine an exception, where, for example, the torn edges might be so very ragged as to prevent coaptation, but I have never seen such a case. I base this opinion upon the results obtained in the treatment of a goodly number of cases, where the lacerations varied from a quarter of an inch in

length to that of the whole perineum, but did not involve the anal sphincter. (I have never had the misfortune to witness a laceration that did involve this part.) All of those cases, with one exception, I have subjected to one uniform treatment. The exception I stitched. The rest all healed *perfectly*. The stitched one did not. The results naturally enough confirm me in the belief that so

MUCH STITCHING IS MEDDLESOME GYNÆCOLOGY, and as there may possibly be something in the management of such cases that explains this success, I will briefly detail the proceedings in a recent case, which is a type of them all.

Mrs. B., primipara, aged 22, very robust, large and healthy, gave birth to a child weighing ten pounds. The whole labor was terminated within six hours—which for a primipara is rapid. The head was too well ossified for obstetrical requirements, and the almost incessant “pains,” each one more violent than the preceding, finally shot it plump through the perineum as if it had been fired from a mortar, almost before perineal distension had well begun. Had I anticipated so early an effort at complete expulsion, the accident might have been postponed, at least, but a laceration could not have been wholly prevented. For given a head of a certain size, so far ossified as to admit of no moulding, a vulva of moderate dimensions, and an inflexible kind of perineum, laceration is unavoidable. There are many kinds of perineum. There is a perineum that just before distension grows, together with the labia majora, thick and heavy and everted, and secretes mucus abundantly. That perineum does not rupture. There is another perineum, thin, feeble and sensitive, which under the same circumstances is sure to break, and no support that can be given it will prevent.

Just what the perineum now under discussion might

have done in the course of ordinary labor, I do not know. But subject to such sudden violence as it was, it yielded. Careful examination just after the removal of the placenta showed an irregular tear which simply enlarged the vulva until its posterior commissure was at the anal sphincter. After clearing away the debris, applying the binder, and preparing all things as usual after labor, the perineal dressing was applied.

First, the patient was placed upon her back, the limbs widely separated, the labia and torn perineum distended to the utmost, and with a soft sponge and warm water, every speck of blood was cleared from the raw edges. (This is very essential, for in this situation clots are formed which are very adhesive, and their presence will certainly prevent union. Any strong shred tissue, moreover, that does not fall at once into place must be clipped off with scissors). This done, and all bleeding stopped, the parts were allowed to fall into place, and perfect coaptation was encouraged by a little digital manipulation. A small compress was then made, two and a half or three inches long, quarter of an inch thick, and one inch in width. This was saturated with calendula water, one part in a hundred, and so applied that one end reached just beyond the original posterior commissure, the other extending over and beyond the anal orifice. A napkin was applied over this, and the T bandage kept all snugly in place. This compress was changed with every change of napkin, the parts being watched each time to see that no displacement occurred. On the fourteenth day the rent was perfectly healed.

The time required to heal such lacerations is usually proportionate to their length. Thus, in a previous primipara a rent involving half the perineum was healed on the fifth day. And so long as I can obtain such results from this mode of treatment, I propose to adhere to it, and shall not resort to stitching.

But it is to be borne in mind that in this proceeding every step here detailed is necessary.

OBSERVE THE DETAILS.

*Firstly.*—Thoroughly expose the wound.

*Secondly.*—Cleanse it perfectly, removing every coagulum and shred.

*Thirdly.*—Stop all bleeding, using hot water, if need be for that purpose.

*Fourthly.*—Coapt the parts perfectly.

*Fifthly.*—Apply a compress heavy enough to keep the outer edges of the rent from slipping past each other.

*Sixthly.*—Keep the compress wet with dilute calendula, arnica, alcohol, or other antiphlogistic lotion.

*Seventhly.*—Change the compress entirely with every napkin.

*Eighthly.*—Keep all snug by a T bandage.

*Ninthly.*—Make the compress long enough to pass beyond the anus, or the wound may be disturbed by movements of the anus.

*Tenthly.*—See to it that the necessity for this whole ceremony is duly and deeply impressed on the minds of both nurse and patient.

*Finally.*—By daily inspection see to it yourself that all this is done.

Furthermore the bandaging of the limbs together, so irksome to a patient, is another work of supererogation. Let anyone try the experiment, and see whether the patient can cause a perineal wound to gape by any reasonable separation of the limbs. It is only in cases of unusual leanness, with great economy of perineal tissue that this can be done. In such cases it is well to pass one end of a light roller around the thigh, just above the knee, and leaving a foot of loose material between, to fasten the other end above the other knee in like manner. This light bandage is not felt, and allows of sufficient free-

dom to insure the patient's comfort. These details are very simple, I well know, and cut a poor figure in the presence of perineorrhaphy, perineal needles, serres-fines and such paraphernalia. Nevertheless, they are all sufficient to the end desired, and they add infinitely to the comfort of the patient.

Now all this presupposes that the tegumentary perineum is a true representative of the whole structure, which indeed it is, in nearly all cases of laceration. For a tear that passes through the integument always involves whatever structures lie beneath it—that is to say, the perineal body, and the mucous lining of the vagina, and the fibrous and muscular tissues of those parts.

But it is possible for a laceration of the inner structures to occur without involving the integument. Thus the posterior vaginal wall may be torn, especially at the ostium; the fourchette may be severed, but that is of no consequence; and the perineal body may suffer a kind of flattening, bruising, or rough separation, and yet the integument escape injury.

Would the needle of the gynæcologist be found of service in such cases? Hardly. If the integument, which ruptures only from extreme distention, falls into place when this distention ceases, much more will these inner structures, supported by the untorn integument, also fall into apposition. For we must consider that when the perineal structures tear, they are distended from *two to six inches* beyond their capacity when at rest, and there is consequently a redundancy of material, rather than a deficit, to come together and form a union. Whatever else may be said of a lacerated perineum, it is not a gaping wound, and does not require to be treated as if it were. It is hardly necessary to add that the woman ought not to leave her bed until the healing process is perfected.

It must be admitted also, that there is a tendency to a

very slight shortening of the perineum under this treatment, which in deep lacerations is especially marked. This is partly because the ruptured fourchette never heals as it was before, for obvious reasons. An independent starting point of healing is thus established at the anterior end of the rent, which healing progresses backward as the other progresses forward. Nevertheless, the progress made in this direction is too slight to deserve notice. It may be greater in cases where the posterior healing is retarded by acrid lochia or other causes, such as are found also to interfere with a perfect result when the perineum has been stitched together; but I have never seen the perineum shortened more than a quarter of an inch in any case, and rarely at all.

Writers on this subject have compared the results obtained by stitching with the bad consequences of previous total neglect. This, of course, makes a most favorable exhibit for the sutures. But there is a wide difference between a watchful management of the perineum by the method I have here set forth, and an entire neglect of it. I am certain that this method will, in all lacerations not passing entirely through the anal sphincter, secure as good results as can be obtained from the suture, while it avoids much that is most objectionable in that treatment.

#### OBJECTIONS TO THE SUTURE.

It is ordinarily a small matter to apply a few sutures to the edges of a wound. But to apply the suture to the perineum of a woman immediately after labor (and it is usually a severe labor that causes a laceration) is no trivial affair. The time is most inopportune; the conditions most contrary. The moral effect upon the woman is bad. The parts are exquisitely sensitive; the sutures must be deep set, and the operation is very painful. At least I have never yet encountered that perineal insensibility af-



ter labor which the advocates of the suture claim does exist. The pain we can obviate by an anæsthetic; but we all know that anæsthetics should not be given after the second stage of labor, much less after the third. Moreover, the stitches are painful after they are placed, for which, I suppose, we might give opium; but surely that is not desirable for several days succeeding labor. The lying-in woman is not improved by being saturated with a poison during the critical post-partum days. Each suture is itself a centre of suppurative inflammation, and increases the chances for sepsis. The performance suggests to the woman that she has suffered a formidable injury, and thus adds mental depression to local irritation.

Once only did I try the *serres-fines* also. They were even more distressing to the patient than the suture; for they bite incessantly.

Not one of these objections apply to treatment by the wet compress. On the contrary this latter is a source of positive comfort. If it is successful, and under my own observation it has always been so, it certainly must be preferred.

#### PREVENTION OF LACERATION.\*

These are glorious days for preventive medicine and sanitation, public and personal, and it will not be amiss, therefore, to add a word respecting the proper means, or the best means, of preventing perineal lacerations. Much has been written on this point, and nearly everything has been done that would or can be done to lessen the frequency of these accidents. Still the perineum would tear; in my opinion always has torn, and always will tear, in a certain proportion of cases—especially in *primiparæ*. And when the only choice offered us is

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\* See W. Taylor Smith on Laceration of the Perineum in his book on Parturition, p. 241 *et seq.* American edition of 1849.

either to forcibly detain the head at the partially distended vulva, the most painful moment and situation of the entire labor, or to permit its expulsion at the expense of a half inch or so of laceration, I cheerfully accept the laceration as the best possible solution of the problem. In such cases a laceration is a blessing in disguise. But while it may not always be wholly prevented, it may be kept within certain comparatively harmless limits. Simply detaining the head or breech may sometimes, nay certainly does, avoid a laceration that would otherwise occur—but not always. And there is a certain mode of practising this detention, which probably insures the occurrence of the very thing it is intended to prevent—that is by making pressure directly upon the perineum, especially upon the anterior part. A statement was made, some time ago, by a writer in the *American Journal of Obstetrics*, whose name I cannot now ascertain to the effect that pressure on the perineum provokes correspondently vigorous reflex action on the part of the uterus, and thus hastens rather than retards the expulsion of the presenting part. I believe this statement. I think it is the same writer who urges that

#### PRESSURE DIRECTLY OVER THE ANAL ORIFICE

is probably the surest way to relieve the perineum. That is the point where painful distention is usually first felt by the woman. Counter-pressure at that point is felt by her as a great relief. The progress of the head is retarded, its forward movement under the pubic arch is favored. The perineum is saved from too sudden distention, and does not provoke such violent reflex uterine action. Moreover, the anal orifice is the part where the worst lacerations, the recto-vaginal, originate. A laceration commencing here is certain to be complete, or at best to leave intact only a small strip of the anterior edge of the perineum. Such a laceration will require the su-

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ture almost as certainly as the others will not. That the pressure on the rectum is extreme in the second stage of labor is further evident from the painful hemorrhoidal affections caused thereby. The pressure indicated supports the hemorrhoidal vessels, as an elastic stocking supports the varicose veins of the lower extremity, and one of the most painful after results of a severe labor is thus lessened if not altogether prevented. In a word, if I was asked to state now all that I know about preventing perineal lacerations, after having read of every method that was ever proposed perhaps, I should answer, *carefully support the anal orifice*. Another point is gained by directing the patient to desist from all voluntary expulsive effort at this period. But, perhaps, she may not obey. This mode of protecting the perineum has all the advantages of the intra-rectal support recommended by Goodell and Barnes, while it avoids the very unpleasant features of that method.

Since writing this article I have seen a paper in the *Medical Investigator* for July 1st, 1880, written by Prof. Comstock, of St. Louis, in which again the suture is advocated. The whole paper deserves a careful reading, but I will quote from it only two sentences as directly related to the contents of this paper. He says (p. 40): "After applying the serres-fines a cushion or pillow should be applied between the knees, and they tied together, and the patient lie upon her side for some seven or eight days, then the sutures may be removed. If necessary, the urine should be drawn by the elastic catheter twice daily." If this is not necessary, "her nurse should after each micturition inject the vagina freely with carbolized water."

Now, I submit that the programme here marked out for the lying-in woman, especially with the thermometer up among the nineties, is a formidable ordeal, and it is well worth the trial to see if it cannot be wholly avoided.

Another and more instructive point, as it seems to me, is to be found further on, loco citato, where the following refreshing statistics are given :

“In the Cincinnati city hospital (*Obstetric Gazette*, May, 1880) for the past two years in the lying-in wards the internes have been instructed to *examine every case ocularly* after delivery, and as a result of one hundred and forty-two labors which were primiparæ, and fifty-nine multiparæ, there were seventy-five cases of rupture of the perineum among the primiparæ, and five among the multiparæ. This is about thirty-seven per cent. of the whole ; fifty per cent. of primiparæ, and eight per cent. of multiparæ.”

For some thorough work on the anatomy and physiology of the female perineum, on its functions, the ill effects of its laceration if not repaired, and the methods of managing it by suture, see the articles by Drs. T. G. Thomas and H. J. Garrigues, in the April number of the *American Journal of Obstetrics*. In the July number of the same publication is a readable article by Dr. B. E. Mossman on the prevention of laceration. He also advocates the suture as follows: “When a rent is found, operate without delay, by introducing silver wire sutures, not less than five to the inch, and pass them back at least half an inch from the edge of the wound. They must be deep and include abundant tissue, or they will work out, and the result will be a failure.”

## REPORT UPON SOME OF THE RECENT IMPROVEMENTS IN THE SCIENCE AND ART OF OBSTETRICS.

Presented to the American Institute of Homœopathy, at its regular meeting, held in Milwaukee, Wis., June 15th, 1880.

BY GEORGE S. WALKER, M.D., ST. LOUIS, MO.

*Mr. President and Gentlemen of the American Institute of Homœopathy:*

As our time is limited, and as this is a utilitarian age, when we are all impatient to get at the gist or kernel of whatever engages our attention, I shall make no introductory—nor prefatory remarks—but proceed at once to give you, in as short and condensed a form as possible, what I conceive to be improvements in the art and science of obstetrics.

I shall only refer to a few of the more prominent ones.

### 1ST.—CEPHALIC AND PODALIC VERSION BY EXTERNAL MANIPULATION ON THE BI-POLAR METHOD.

Doubtless the observance of cases of *spontaneous* version first suggested the imitation of the same process by the hands of the accoucheur. It was shadowed forth in obstetric works many years ago, but to Braxton Hicks is due the credit of first laying down definite rules for it, and bringing it to the notice of the profession. As a rule the liquor amnii must still be there, for upon the mobility of the fœtus depends the success of the bi-polar method. This, however, is not always necessary. The hands of the accoucheur should be applied simultaneously to both poles of the ovoid. Both hands may be used externally through the walls of the abdomen, or one may be introduced within the os-uteri. For different positions, either hand may be introduced. There is scarcely a case

of malpractice that the bi-polar method is not of more or less advantage.

The failure of this method does not in any way preclude a resort subsequently to any other method. By the application of this method, and taking advantage of postural treatment, I succeeded in turning a foetus after the evacuation of the waters, and when the child's arm had protruded from the vulva for two hours. The case had been attended and abandoned by a midwife. When I arrived, I found pulsation in the cord still tolerably strong, and immediately placing the woman in a prone position, upon her knees and breast, with hips well elevated, with the left hand I pushed the arm back into the womb and pressed up upon the shoulder, at the same time with my right hand pressing through the abdominal walls down upon the head, which lay in the left iliac region. The breech receded, and the head presented at the brim, and in a half an hour the child was born.

Taking into consideration the great danger of introducing the whole hand and arm within the uterus to perform version by the ordinary method, we may conclude this to be one of the greatest improvements of the obstetric art.

#### 2ND.—OF PLACENTA PRÆVIA.

We used to be taught, and the error has not been altogether corrected yet, that we should temporize with a patient, flooding from placenta prævia, until we deemed it dangerous to her immediate life, and *then* introduce the hand, turn the child and deliver by the feet. Prof. Simpson's proposition to separate the entire placenta and wait for natural labor, was a slight improvement upon the old method, and is still applicable in some cases.

The laws now laid down for the treatment of placenta prævia are very different and more definite. Among the elite of the obstetric art there is very little difference of opinion, except in minor details.

If you are sure you have a case of placenta prævia, and there is a sudden and severe hemorrhage, no matter in what month of pregnancy, premature labor is to be induced without any delay.

If the child is non-viable, that is previous to the 7th month, and the hemorrhage is slight, and the os undilated we may temporize, recommending absolute rest, cold applications and use of specific remedies. If necessary, dilate the os by sponge tents, or better, by laminaria tents, and follow in an hour or two with Barnes' dilators, or tampon the os and vagina, but only for an hour or two.

Be on the alert; do not leave your patient for more than an hour at any one time. If there be any abnormal presentation now rectify it by external manipulation. Remove the tampon or dilators, and as soon as possible rupture the membranes with a metallic or stiletted gum catheter, and draw off the water *gradually*. Do it slowly, or you may induce inertia of the womb.

If the placenta is only partially over the mouth of the uterus, before puncturing, separate the bleeding side with your finger, then reach above and draw that portion to the opposite side, or if central, and it resists the catheter, make a hole through the placenta first with a porcupine quill. As soon as the water ceases to flow through the catheter, withdraw it and enlarge the opening with the finger. If the head or breech presents put on a binder, and use uterine compression. Ergot should be given unless the birth is a cross one. Promote uterine pains in every possible way, for if active labor comes on, hemorrhage is impossible. If the head does not present, as is frequently the case, we should make the attempt to turn by the bi-polar method, and in case of failure introduce the hand and bring down the feet.

To sum up. In placenta prævia with severe hemorrhage at any period of pregnancy, induction of *premature labor* is the rule. Water to be evacuated *slowly*.

In cases of mal-position turn by the bi-polar method, and keep ever in mind the extreme danger of thrusting the hand within the womb—resort to it only in the last extremity. In cases where placenta prævia is complicated with other dystocias, the ordinary rules of obstetric art are applicable.

By the old treatment two in three of the mothers die, and more than half the children. By the new the mortality of both mothers and children is immensely reduced.

### 3RD.—FREQUENT USE OF THE FORCEPS IN HASTENING LABOR.

Within the last few years, professional opinion upon the frequent use of obstetrical forceps has undergone a marked change. Instead of an operation to be dreaded by the accoucheur, and of terror to the mother, and of frequent fatality to the child, the ingenious construction of instruments, and the increased knowledge of the mechanism of labor, have rendered it one of the safest and one of the least to be dreaded of any of the operations belonging to the obstetrical art. Some of the professors of this branch of medical science, and the majority of the standard authors to-day, strictly prohibit instrumental delivery unless all hope of nature accomplishing it is gone.

Arguments in favor of the more frequent use of forceps are well expressed in the report of the Rotunda Lying-in Hospital, of London, for the year 1872, quoted from Playfair's Treatise on Midwifery, that I prefer it to my own: "Our established rule is, that so long as nature is able to effect its purpose without prejudice to the constitution of the patient, danger to the soft parts, or the life of the child, we are in duty bound to allow the labor to proceed; but as soon as we find the natural efforts are beginning to fail, and after having tried the milder means for relaxing the parts or stimula-



ting the uterus to increased action, and the desired effect not being produced we consider we are in duty bound to adopt still prompter measures, and by our timely assistance relieve the sufferer from her distress, and her offspring from an imminent death. Why, may I ask, should we permit a fellow creature to undergo hours of torture when we have the means of relieving them within our reach? Why should she be allowed to waste her strength, and incur the risks consequent upon long pressure of the head upon the soft parts, the tendency to inflammation and sloughing, or the danger of rupture, not to speak of the poisonous miasm which emanates from an inflammatory state of the passages, the result of tedious labor, and which is one of the fertile causes of puerperal fever, and all its dire effects, attributed by some to the influence of being confined in a large maternity, and not to its proper source, that is, the labor being allowed to continue until inflammatory symptoms appear? The more we consider the benefits of timely interference, and the good results which follow it, the more we are induced to pursue the system we have adopted, and to inculcate to those we are instructing the advantages to be gained by such practice, both in saving the life of the child, as well as securing the greater safety of the mother."

These are my views, and I believe they will ultimately prevail; for from my own experience the infant mortality is much less, and the suffering of the mother greatly reduced. Taking all classes of labor together it is said one out of every twenty or thirty children is still-born. Dr. Hamilton, of England, says that he used forceps in every seventh or eighth case, and thus delivered 731 successive children without a single still-birth.

#### 4TH.—MANNER OF INTRODUCING THE FORCEPS.

Instead of passing the blades of the forceps as nearly over the child's ear as possible and adapting them always

to the bi-parietal diameter of the child's head, the rule now taught, is to pass them in the transverse diameter of the pelvis without reference to the child's head. Make the pelvic curve of the forceps conform to the pelvic canal of the mother. The precise position of the head should, if possible, be ascertained by the accoucheur before applying the forceps, but it is by no means essential. If the forceps do not lock, the fault is probably in one of two things, either the blades are not thrust far enough in, or the handles are not pressed back far enough against the posterior fourchette. With a properly constructed instrument, and applied as they ought to be, they should *never* slip.

#### 5TH.—NON-LIGATION OF THE FUNIS.

After the birth of the child the cord should not be severed until pulsation ceases, then cut it and allow any blood which may remain in the umbilical cord to ooze out. Before washing the child, a ligature may be applied. Tying the cord is not as was once thought, absolutely essential to prevent hemorrhage. A ligated cord bleeds just as often as a non-ligated one.

#### 6TH.—DELIVERY OF THE PLACENTA.

Until recently it has been the custom among accoucheurs to wait a few minutes after the birth of the child, and if the placenta is not expelled, to make traction upon the cord with one hand and with the other press upon the fundus of the uterus. With many the binder was to be put on as soon as the child was expelled, and before the delivery or the after birth. A binder never promotes contraction of the womb. It is possible that it may to some extent secure a contracted womb from again dilating. A binder should not be applied previous to the expulsion of the placenta, neither should traction be made upon the cord, unless the placenta is extruded from the womb, and is lying within the vagina.

The uterus itself should be made to expel the placenta. After we have waited twenty minutes, occasionally passing our hand over the uterine region to make sure that there is contraction of that organ, we may then grasp the fundus of the womb in our left hand, pressing the womb downwards and backwards in the axis of the pelvic brim when in almost all cases the placenta and its membranes will pass out. If it does not we may repeat the manipulation, and if it does not pass away for an hour or more no harm will come of it. The cardinal point to be remembered, as Playfair says is that the placenta should be expelled from the uterus by a *vis a tergo* movement and not drawn out by a *vis a fronte*. By this procedure post-partum hemorrhage is less likely, after-pains are lessened and the safety and comfort of the patient greatly promoted.

#### 7TH.—BREECH PRESENTATIONS.

Let them alone until the body is expelled so far as the umbilicus. Traction should not be made upon the trunk to expedite delivery. In no case is meddlesome midwifery so bad, and in no case is the temptation so great.

#### 8TH.—FRUIT DIET IN PREGNANCY.

For the last six or eight years I have been in the habit of recommending to my patients who were expecting within the next five or six months to be mothers, a diet consisting largely of fruits. As far as in my power I keep them from eating those articles of food which contain a large proportion of earthy matter; such as wheat, beans, barley, oatmeal, &c. The flesh of matured animals, as beef, mutton and pork, are strictly forbidden. Those kinds of food which contribute largely to the growth of bone and muscle are to be taken in moderation or not at all. Of course no one particular diet will suit all, but it must from time to time be modified to suit each individual case. The fruit is essential, but in no case to

the entire exclusion of either farinaceous or animal food. The diet which athletes or prize fighters adopt to harden their muscles is not the diet for a pregnant woman, neither is the coarse diet of the laboring classes.

Females of those nations who live principally upon fruits, such as the Hindoos, and Sandwich Islanders, etc., have easy labors, while the laboring classes of this country, who live upon coarse farinaceous and coarse animal food, have, as a rule, hard labors.

Two-thirds of all the craniotomy cases I have had have been among the lower class of Irish. I have had among my patients women, who with a vigorous digestion and sharp appetite, indulge plentifully in roast beef, mutton and fried ham, with coarse bread and other hearty food, taking just enough outdoor exercise to stimulate the appetite still further, while apparently flushed with health and full of red blood, come to bed at the end of nine months, and bring forth, with the most terrific sufferings, a child weighing eleven to fourteen pounds, and a head as hard and unyielding as a child of six months old should be. From her good health and vigorous constitution she had anticipated a comparatively easy labor, but what a grievous disappointment. If she could look back over the nine months of pregnancy and realize the cause of her sufferings she would feel thankful the life of herself and her offspring had not been sacrificed. The rule in such cases is forceps, or craniotomy, or an inordinant amount of suffering, and often death of child or mother.

By a well regulated system of diet, I tell you, from a tolerably large experience, this state of things can be, to a large extent, avoided. To my mind, there is no sense in a woman having children beyond eight or nine pounds, nor in a child's head being non-compressible from an excess of bone, nor in a woman's muscles being as firm and unyielding as a prize fighter's.

The ambition of some women is to bring forth large children should be cultivated and directed toward producing *quality* of fibre, rather than *quantity*. There is here a large and fruitful field for cultivation by the medical profession, and I hope that some, if not all of you, may have your minds attracted to the subject of "Diet in Pregnancy," and ere we meet in the coming year we may from our varied observations be able to mitigate to some extent the perils and suffering of women in child-birth.

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### THE MODIFICATION OF DIATHESIS.

BY CLARENCE M. CONANT, M. D., MIDDLETOWN, N. Y.

Read before the New York State Homœopathic Medical Society, held in Brooklyn, N. Y., September 7th, 1880.

The science of medicine and the art of healing never rises to so great dignity, as when anticipating the assault of disease, it hastens to prevent or modify, those conditions which once fully developed, pass beyond its influence. This essentially primary principle is embodied in the saying, "an ounce of prevention is worth a pound of cure." Which is, being interpreted, a few doses of a potency of belladonna, *before* scarlet fever has contaminated a person, is worth the whole pharmacopœia after the red rash death possesses its victim. We assume also, that the chief object to be attained in training the physician of the future, will not be merely to teach him to recognize all forms of disease, master those which are curable, and palliate the remainder; but to school him to make a prognosis indeed, to know what threatens and to prevent its development.

We hear the oft repeated request, "I want you to do

something for my baby." We look upon the mother's pride and alas how often we see a hateful diathesis written upon its infant features, telling in advance a story of suffering and perhaps death, well calculated to discourage the most sanguine believer in the resources of homœopathy. But let us not forget the words of the Great Physician, "With God all things are possible!" For we believe that the homœopathic physician deals with God's truth as formulated in the law of similars; and if he be conscientious, he is but the instrument, and his action the tangible expression, of the will of Deity. "If God be for us, who can be against us!" So sublime is our confidence in the truth as discovered, formulated and applied by Hahnemann as a therapeutic law to "the healing of the nations," that we believe that when everything is known of all possible curative agents, and we have hygiene and pathology perfected, disease will be always conquerable and death caused only by old age. For truth is but the expression of Deity, and like the God from whom it emanates, although acting in accordance with *law*, it is almighty.

Therefore, we must fight on, even though it be to meet a complete defeat as to the case in hand. Defeats are good schooling if we but emulate such as sturdy John Hunter, who said: "I love to be puzzled, for then I am sure I shall learn something valuable." This it is causes us surprise, that, waiving false pride, fatal cases are not more frequently reported and their invariably useful lessons deduced.

To strike then at the root of the subject, doctors must in the future give more attention to prophylactic treatment than has ever been done in the past. Nor do we wish to be understood as advocating the anticipative treatment of existing disease, for we regard it as mischievous, since it frequently precipitates the evil sought to be averted. In the treatment of developed disease, let

us prescribe for the symptoms by light of the pathological conditions which are before us, anticipating nothing, so far as drug exhibition is concerned; but promptly seeing everything as it is placed before us, and meeting the conditions as quickly and completely as the present development of our art will allow.

This, then, is frequently the problem placed before us. Given, a prospective father and mother tainted with scrofulosis and syphilis, or some other profound constitutional poison. Given, also, due notice to us, as physicians, that Deity, operating by immediate laws, is creating a new human being body, mind and soul, from the materials extant in these parents. Lastly, given, a little absolute knowledge and a vast amount of inductive probability, as to the conditions, and the relations and actions of drugs in the premises. Now, the question is, have we any duty under the circumstances? Can we do anything to help this embryonic fellow creature to attain physically, mentally, spiritually to the measure of a man? (That is, of an angel.) I answer unhesitatingly and earnestly, yes! If the mother will co-operate with us, we can help this little unknown in every phase of its triune nature to a better existence than it can possibly attain otherwise.

Please observe, in passing, that we maintain that *human life begins with the conception of the child*, not with its birth. The moment male and female creative elements meet and combine, a new human life arises, and whoso destroys it, takes human life, and falls under the ban of the commandment, "Thou shalt not kill." This is a solemn fact, God's fact, God's law, and, in the present humor of society, cannot be too often reiterated.

We are impatient, therefore (to resume), of the advice of those who tell us that pregnancy is a normal condition, and therefore it is unnecessary and unwise to give the enceinte any medicine, even for the ills they suffer. Can absurdity proceed to greater length! When, we ask,

and where does any physician see one solitary human being in an absolutely normal and natural state? Even men of science, it seems, sometimes fly away to the ideal on the wings of their own imaginations, only to be rudely aroused by the shock of their sudden descent and contact with the *réal*, and say, with the poet, "such thoughts are vain and I stay here." We must take matters not ideally but really, and we doubt if a normal condition can be logically expected to arise from any combination of abnormal constituents.

Pregnancy, then, is theoretically a normal state, but practically is rendered abnormal by the constitutional bias of the expectant parents, and hence both the mother and her unborn child become proper objects for professional supervision. A physician who allows an *enceinte* woman to suffer any of the ills incident to pregnancy, even in a moderate measure, without endeavoring to apply the *similimum*, whose exhibition is so gratefully followed by relief, is unworthy of his high calling. For there can be no reasonable doubt that ailments endured by the woman during her gestation not alone exhaust her vitality and sap her *esprit de corps*, but also leave an often ineffaceable mark upon the constitution of her offspring. And every woman should be taught the necessity of selecting her attendant early in her pregnancy, and that she should make of him a full confidant. We are pleased to know that at least some homœopathic physicians refuse to attend women in labor unless they can have a supervision of the case during the gestation. A severe rule founded upon sound principles.

There is a wide world of doubt and speculation as to the influence upon the child of impressions, sights and sensations seen and suffered by the woman. But this much is certain: When an expectant mother receives a vividly unpleasant sensation, whose memory she cannot escape, and, clinging to her, annoys and torments her,



this same baneful vision may be swept from the sensorium by the homœopathic drug, as easily and surely as the housemaid obliterates a cobweb. And it does not require a very severe strain upon imagination, and our knowledge of the laws which govern fœtal development, to suppose that if these phantasmagoria are not removed, they may, and probably will, mar the approximately normal course of forming humanity, morally, mentally, physically, either or each. And that too whether these dreaded and dreadful horrors rest upon a real or an imaginative basis. Here, then, is an absolute opportunity to assist natural forces in their struggle toward the ideal. But suppose the prospective parents are of a pronounced diathesis—scrofulous, for instance? No doubt such poor specimens of humanity should never become parents. But just as certainly will these same incarnate maladies perpetuate themselves on and on. Can we, then, bring any power to bear on the unborn child, therapeutic or hygienic, to soften the penalty with which it is threatened by “the sins of ignorance” (and misfortunes, perhaps,) of its parents? *We believe we can.* Possibly we speak too boldly. We feel profoundly and have observed closely. In more than five years of application of the course we now advocate we have never seen a hydrocephalic or excessively scrofulous, or markedly diathetic (if we may coin a word) child born of a mother who had what we call anti-diathetic treatment during that gestation. Per contra, many women who had previously borne children who died in early childhood from scrofulous complications, or worse, being again pregnant, and put upon this anti-diathetic treatment, have given birth to children so far well and lusty, and free from any signs of extreme taint.

What then is the course to be pursued when we have a woman affected by any diathesis before us, who finds herself with child by a husband whose constitution is

perhaps even more perverted than her own? In the first place, *don't rush to any extremes*. If we assume any absurdly ultra position to-day, we shall, in all probability, to-morrow "begin with shame to take the lowest seat." No doubt an intelligent and honest vacillation is a necessity to all growth. Yet it is painful for us to retire from advanced and novel positions of thought, and return to well-worn and absolutely known and tried points of departure. Said Dr. Jenner: "A man never appears more wise or more amiable, in my judgment, than when renouncing false opinions." A noble sentiment! Nobler with every successive revolution of the mighty and ceaseless wheels of progress.

But as we have just remarked, it is wise to "make haste slowly," to do all things in moderation. Those who have never seen Dr. Holbrook's suggestive little brochure on "Painless Parturition," will find it teeming with live ideas. But in our judgment, this author goes to an extreme position in regard to diet, which accoucheurs, as a body, will never occupy. So too, a vital principle is carried to an extreme application, by those who believing that a taste for literature or art may be impressed upon the unborn child, by an excessive contemplation of the great work of great minds, oblige a pregnant woman to stuff and cram like a collegian before his examinations.

The key to a comfortable, happy pregnancy, and the consequent bringing forth of a healthy, intelligent child, *is plenty but not too much* food (in variety) exercise of mind and body, literature, art, religion, in just and harmonious proportions.

We cannot leave this momentous, but heretofore neglected subject, without going back a step or two farther, and hope we will not excite your ridicule by so doing. No doubt all will join us in deploring prostitution and its attendant evils, especially the venereal diseases

which, flowing from the cess pool of vice, pollutes and poisons the otherwise measureably clear and healthy stream of human existence. But that is not enough! The standard of masculine purity is so low, that every genuinely pure man who strives for a higher life, must needs often blush for his sex; blush for men who pass for gentlemen, yea, even as christians, sexual llibertines, old and young, who outrage society publically and privately by their unrepentent presence, Why, in the name of justice, of purity, of humanity, *of Diety?* why, we ask, must we give our daughters, pure and spotless, in marriage to men who have nothing to learn of sexual life? Men often in whose broken down constitutions, the scrofulous taint is running a pitiful but hopeless race with syphilis in its worst forms. There is but one way to fight this evil. Society must be schooled to demand of men the same inviolate purity which it now exacts only from women, 'The soul that sinneth it shall die! is no mere formula, but a hard fact. The simple statement of immutable law. The will of God is even now being voiced by many noble physicians, who are protesting against this disgraceful folly, the recommendation of illicit intercourse as a cure for masculine ailments. All honor to Sir James Paget, on the other side of the Atlantic, and to Professor Bumstead on this, and to many others who are following their good and wise example. Let every homœopathist enroll himself on the side of honor and health.

But given even an ideal state of society, toward which we must labor, and in the establishment of which physicians must be largely instrumental, given then invariable marriages of men and women equally pure, suppose syphilis eliminated from humanity, we must proceed yet one step more. The father as well as the mother should prepare himself physically, mentally, spiritually for parentage, before as well as after conception. And let no man

suppose that the child conceived, he has no influence upon it until its birth. Let him hedge his wife about with a love so broad, so deep, so tender, so Christ-life, that she may want nothing which loving solicitude can provide. Let the key note of moderation in all things, of calm, sweet preparation for a joyous ordeal, which we struck above, be the leading tone for the nine months.

A well-known member of our school has related a peculiar case of a husband who always had morning sickness when his wife was enceinte, and even before *she* felt any nausea. We believe such a case but typifies that degree of union and consequent susceptibility which always exists between men and women truly married. It is not unreasonable to infer then that the unborn child may be influenced by the father through the mother. Let no man deny! let no man ridicule! unless he can establish the converse proposition.

We were once one of a circle of loving and admiring friends when that most genial artiste, Ole Bull was chatting with and playing for us. Said one very near and dear to the violinist, "Mr. Bull, do you know of any special reason or circumstances which led to your being so dear to us and your skill so captivating?" Ole Bull smiled, that sunny expressive smile so dear to his friends and so fascinating to strangers, and said simply and sincerely, "I have always believed that whatever in my act or manner pleases my fellow men I owe to the fact that my *father* and *mother* truly and tenderly loved each other."

Before we pass to a final and brief mention of a few drugs, let us disclaim any pretense towards originality. We have simply followed out the line of thought indicated by Croserdo, Guernsey and others.

We have little to say of the Homœopathic remedies by which we would seek to modify diathesis because no specifics exist. "Search the (homœopathic) Scriptures!"

Discover the simillimum which meets the characteristic constitutions of both father and mother most surely, but especially the mother. It will not be the same once in ten times. The remedy found apply it patiently, methodically, persistently. Don't give any drug for this purpose lower than the 30th centesimal, nor more frequently than every third cycle of twenty-four hours. And after a few doses, twice a month is often enough. Let us also remember, no drug should ever be exhibited at the time or under any circumstances of its characteristic aggravation unless in case of dire necessity.

We roughly class a few more frequently useful drugs for the modification of diathesis thus: 1. Calc. carb., Calc. iod., Calc. phos., Calc. Silic., and Sulph. 2. Phos., Phos. ac., Psot., Rhus tox., Syphil. 3. Bar. carb., Caust., Hep., Nux v., and Sep.

Finally, we admit that it is possible that we are mistaken in all this. Fight, brethren, and help us to prove it true or false. If surely proven false, we shall hasten to vacate untenable grounds and offer our thanks to those who convince us of our mistaken judgment.

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## MELASMA DURING PREGNANCY.

A. M. PIERSONS, M. D., NEW YORK CITY.

The pigmentary deposits in certain portions of the derma is so universal during pregnancy that, save for for diagnostic purposes, or from excess, no notice whatever is taken of it. Of the latter class I had, some years since, a notable and interesting case, which, from its infrequency, may possibly interest some of the readers of THE HOMŒOPATHIC JOURNAL OF OBSTETRICS--the only proper depository for reports of obstetric and gynecic abnormalities.

Early in 1876, Mrs. H., native of this city, engaged me to attend her accouchment, which should be due about May 1st prox. She was a slight built lady, save an enormous bust. Indeed, I have rarely seen larger mammæ on ladies who could much more becomingly wear them. Her age was 22, and weight, 110; hair, light brown; eyes, blue; nervous temperament, and she was decidedly good looking. She had been married about one year, and this she said was her first pregnancy. A sister had died of pulmonary consumption, another was going the same way, and she herself had had a hacking cough since before the time of her marriage. About two months before her expected confinement she sent for me, saying she was growing black all over; thought something was wrong, and feared immediate death. She kindly exposed her person and quite surprised me with her appearance. The under portions of mammæ were indeed quite black. So were the mammary and umbilical areolæ. The linea alba was a linea nigra. The pigmentary streaks extended less distinctly over her body, breast, neck and face. This continued, with additions, till after confinement. Of course I explained to her just what it was, its course and probable duration. She was confined May 2. After 13 hours labor was terminated by forceps. Violent hemorrhage ensued, which was quickly controlled with *Ipecac*. Child, a female, weighed nine pounds. Mother made an excellent recovery. Diaphoresis was unusually marked and galactia troubled for a time. After confinement the pigment gradually faded out till at the end of a month her breasts were quite white, but the areolæ seemed permanently black. After this, the family having moved to the country, I lost trace of her, and am unable to say if the same conditions prevailed at each subsequent pregnancy.

## PELVIC CELLULITIS.

BY GEORGE M. OCKFORD, M.D.. BURLINGTON, VT.

Read at the 14th Annual Session of the Indiana Institute of Homœopathy,  
Indianapolis, Ind., May 25, 1880.

There is scarcely any disease of the pelvic cavity, which the more thorough study of gynæpathology has brought prominently before the profession, of more importance to the general practitioner than Pelvic Cellulitis. We meet it in every phase in examining diseases of women, and although rarely fatal, it leaves behind it years of discomfort and ill-health.

Among its results, we may note sterility, obstinate neuralgias, stubborn chronic derangements of the digestive functions, uterine displacements, fistulas, etc., etc., chronic abscesses, with a strong tendency to relapse may sap the strength and vitality, to such a degree as to cause permanent debility and ill-health.

The name "Pelvic Cellulitis," is not of recent origin. The old authors frequently mention the disease, but for a time, instead, we read of "Pelvic abscess," "intra-pelvic abscess," "abscess of the uterus," "inflammation and abscess of the broad ligament," "peri-metritis," "para-metritis," &c. Out of this mass of terms, Virchow rescued the two latter, limiting the term "peri-metritis" to an inflammatory action in the peritoneal investment of the uterus, and "para-metritis" to an inflammation of the cellular tissue in the neighborhood of the womb. This division of extra-uterine affections is still maintained by many writers. Dr. T. Gaillard Thomas has adopted the name "peri-uterine cellulitis," which implies that the disease is a sequelæ of uterine disease or accident. Sir. James Y. Simpson, however, gave us the first clear description of the affection, in an article in the London *Lancet* in 1865, entitled "Pelvic Cellulitis, its

**Termination and Treatment.**" This name appears most appropriate, for although it most commonly occurs as a sequelæ or contingent of the lying-in state, yet traumatic causes, suppressed menstruation, and colds may result in pelvic cellulitis, and traumatic cellulitis is a disease affecting both male and female.

The seat of the inflammation is the cellular or connective tissue of the pelvis. This loose cellular tissue surrounds the different layers of the pelvic muscles and the fascia, protecting the surfaces where they come in contact with each other ; and mingling with adipose, it fills up the space around the rectum, bladder and uterus. It is particularly abundant between the folds of the broad ligaments, about the abdominal portion of the uterine cervix, around the ovaries, and near the extremities of the fallopian tubes. In short, it may be said that the cellular tissue fills all spaces in the pelvic cavity not otherwise occupied.

The causes of cellulitis in the male are injuries in the perineum, operations for stone, strictures of the urethra, &c., and in the female it arises from accidents connected with gestation or labor, injuries to the uterus from ill-fitting pessaries, the misuse of tents, sounds, &c., miscarriages, suppressed menstruation from cold, or it may be a complication of other diseases, affecting the ovaries or other pelvic viscera. The disease itself has a strong tendency to complicate other organs and tissues. This should always make our prognosis guarded. Peritoneal inflammation is a dangerous complication, and it is important to bear in mind the fatal character of pelvi-peritonitis, and early recognize its onslaught. Cellulitis is rarely fatal, except in cases due to traumatic causes, or occurring during the prevalence of epidemic diseases, such as diphtheria or the eruptive fevers. These all exert an unfavorable influence on cellulitis, while those cases due to injuries are much more severe than when due to



ordinary causes. The exciting cause of an attack if repeated is very liable to cause another attack. Recovery is always slow, but few regaining health for months or even years after, and when the original trouble seems to be entirely cured neuralgic pains, occasional abdominal tenderness, and chronic disorders of digestion are apt to remain for an indefinite period.

The essential nature of this disease is, according to Virchow, Ludlum and others, of an erysipelatous character. Its clinical history, occasional epidemic prevalence, and remedies adapted to its treatment, all confirm this view.

The usual division of the disease is into three stages. The first is congestion, limited to a few hours' duration; the second, effusion, continuing a week, month or indefinitely; the third, suppuration, or under homœopathic treatment we may avert this stage in some cases, and make the third stage that of resolution or absorption.

The symptoms of cellulitis are varied. Occurring after labor, it is usually ushered in by a chill toward the end of the first week. Several days after the more acute symptoms are manifested; constant but not very severe pain over the pubes, generally more on one side than the other; little or no swelling, loss of appetite, prostration and some fever. In a short time, an examination will discover a mass on one or both sides of the vagina, very tender, and at the first very hard; it moves with the womb, and if on one side may displace that organ. In time fluctuation may be felt, but before this occurs the symptoms of the formation of pus declare themselves, rigors, hectic fever, profuse perspiration, extreme debility, &c. Should the inflammation be seated nearer the pelvic bones than the uterus, it may be difficult to discover the tumor, and instead of opening into the vagina, the abscess may find its way to the surface above Poupart's ligament, or may find an exit for its contents.

through the bladder or rectum. Sir J. Y. Simpson, in speaking of the fluctuation of the tumor in pelvic cellulitis, says: "From some peculiar arrangement of the layers of the pelvic fascia, when pus is formed in pelvic cellulitis, occurring in the upper half of the true cavity of the pelvis—and this, you must remember, is the most frequent seat of the disease—it has a tendency always to find an exit for itself, either at the lower base of the broad ligaments, or in the posterior cul de sac of the vault of the vagina, and it is at these spots, where the fascial layer seems to be unusually thin and weak, that the feeling of fluctuation is ordinarily first detected."

Cellulitis occurring from cold during menstruation causes pain along Poupart's ligament, extending to the region of the ovary. Within four or five days, a tumor may form in either iliac fossa, which finally suppurates or becomes absorbed.

In traumatic cellulitis, the inflammation is of an asthenic type, accompanied with severe chills and rigors, and a tendency to purulent effusion and sloughing of the parts.

It is impossible to enumerate all the symptoms accompanying the various forms of this disorder, but the characteristic symptoms of cellulitis are debility, slow and feeble pulse, absence of severe pain, loss of appetite and early prostration; especially when these symptoms remain persistent for a considerable time.

The treatment varies according to the causation, and a few general hints can only be given. The objects to be obtained are first to prevent effusion, and secondly if this cannot be done, to prevent suppuration or formation of abscesses, and promote the absorption and removal of the effused accumulation.

In the congestive stage, aconite, arnica, belladonna, veratrum viride are most frequently indicated.

In the stage of effusion, Apis mel., Arsenicum, Bryonia, Cantharis, Helleborus, Mercurius Sol., Tartar emetic, Sulphur, Rhus tox.

If suppuration cannot be averted, then Hepar sulph., Calcarea carb., Mercurius, Sulphur, etc., may be useful.

If sinuses remain or the discharge of pus is excessive, Silicea may be needed, and if hardened tumors remain, you will think of Baryta carb., Conium, Kali carb., etc.

The hygienic treatment is of the utmost importance. The patient should be kept absolutely at rest, and hot fomentations or poultices applied constantly over the affected parts. Camphorated oil applied thoroughly and protected by a layer of cotton may facilitate resolution where the tumor is above the brim of the pelvis. To hasten suppuration, emollient applications of linseed, slippery elm, etc., may be resorted to. As soon as the presence of pus can be determined, the tumor should be lanced. But extreme care should be exercised, in order to avoid opening into the peritoneum or wounding some of the pelvic viscera. Never open a tumor along the wall of the vagina, without thoroughly satisfying yourself of the presence of pus by aid of the aspirator or an exploring needle. Whenever it is possible, empty the sac entirely, in order to guard against the formation of a fistula. The wound may be dressed with calendula or in some cases hamamelis. The strength of the patient should be maintained by a generous nutritious diet, and in cases of extreme prostration, alcoholic stimulants are of great value. The *diathese de suppuration* of Trousseau is often a contingent of lying-in, and it is only by a proper nourishment of our patients that we can prevent its development. The old rule of semi-starvation for three days after delivery is in my opinion a fruitful source of parturient complications. For some years past, I have given my lying-in patients a full nourishing diet from the beginning. If the appetite is good I allow

meat and all the articles of diet indulged in prior to delivery, of course avoiding indigestible or hurtful food, and since I have adopted that line of treatment, my patients have made better recoveries, and I have never seen the slightest evil arising from such a course.

Other means of preventing cellulitis as well as other inflammatory affections of the tissues of the pelvis consist of using every endeavor to prevent exposure or improper exertion after labor or surgical operations about the womb. Many a case of fatal peritonitis and of pelvic abscess can be traced to a lack of precaution on the part of physician or patient. After any operation about the cervix uteri or adjacent parts, scrupulous care is needed to prevent the patient from sitting up too soon. As long as any tenderness can be detected along the vagina, by the pressure of the finger, she should remain in bed, and even when this precaution is apparently unnecessary, after any operation, the recumbent position should be insisted upon during the following menstrual period, in order that the overcharged pelvic vessels receive no incentive to produce further and more serious complications. In using a sound or probe, the utmost care is needed to be satisfied that latent cellulitis does not exist. When there has been an attack recently, or if tenderness on pressure exists in the neighborhood of the womb, never introduce a probe, as its use may entail years of ill health upon the woman.

This paper is far from exhaustive of the subject of pelvic cellulitis. It is no exaggeration to state that it is by far the most important of the diseases of women, and if the writer has inspired one thought of investigation of the subject, he feels that the mission of his humble endeavors has been successful.

LOCAL TREATMENT IN UTERINE DISEASES.

BY W. C. DOANE, M. D.

Read before the New York State Homœopathic Medical Society, at Brooklyn, N. Y., Sept. 8, 1880.

So much has been said and written of late upon this subject, that it may be interesting to know how the matter is regarded by the profession in general.

Allow me to make mention of some authorities as they occur to me, which may give an idea how the account stands in the medical world.

Among the advocates of local treatment for various diseases can be found only such obscure persons as instructors in our colleges. Those who have devoted a lifetime to a special disease.

Samuel Hahnemann, (said to be a homœopathist).

G. H. G. Jahr, M. D. (Hom. author).

W. O. McDonald, M. D. (Prof. Hom. College, N. Y.).

C. J. Hempel, M. D. (writer of Hom. standard works).

Wm. Tod Helmuth, M. D. (Prof. Surgery Hom. College, N. Y.).

Prof. Madden, M. D. (Manchester, Eng.).

Prof. F. Gaillard Thomas, (New York).

Prof. Charles West, M. D. (Royal College Physicians, London).

Prof. Graily Hewitt, M. D. (Royal College Physicians, London).

Prof. W. Von Scanzoni (University, Wurzburg).

Prof. Lombe Athill, M. D. (University, Dublin).

Prof. Samuel Gross, M. D. (Philadelphia).

Prof. Meigs, M. D. (Philadelphia).

Prof. Marion Sims, etc.

We find opposed to all local measures, and relying upon a specific drug, one Dr. Skinner, and others more visionary, but not so widely known. Of course the bal-

ance is largely in favor of Dr. Skinner, if the means for obtaining information upon such matters are considered for a moment; and a man of any judgment can see at a glance that remedies put where this disease is not are far more effective than when applied to where the trouble is. The Danbury News man wanted the dentist to come to his house some day and pull his tooth when he was away from home. He was evidently opposed to local treatment.

I know a zealous homœopathist who sent patients to others who resorted to local means, when, after a fair trial of a few years, the mighty pellet failed. Sometimes they recovered, still he denounced the treatment. "Consistency! thou art a jewel."

January 4, 1877, Mrs. D. came to my office with her physician, who had attended her for a long time.

She complained of pain in the back and loins, and a lame, sore feeling in the left side. Her menstruation was painful, and she was unable to walk with any degree of comfort.

Her symptoms had been noted with great care, and the proper homœopathic remedy, prescribed by a gentleman who considered himself an expert, and a very excellent prescriber; one who ignored entirely all local treatment, and affirmed that if he could not cure uterine diseases with general remedies he could not cure anything.

This woman had been treated for rheumatism, for what reason I never could surmise.

An examination of the case revealed the fact that she had disease of the cervix uteri. For a considerable distance around the os uteri, I found the surface red, inflamed and excoriated, and a thick tenacious plug of mucus protruded from the os, which was removed by the proper means. Of course I resorted to local treatment, which was sanctioned and advised by her physician, although a proficient in the treatment of just those dis-

eases which fled at the approval of his magic pellet of the 200th. At first I made use of a mild solution of nitrate of silver, and in a few weeks the excoriation, etc., had almost entirely disappeared. I then dilated the cervix and made an application of nitric acid, in about fourteen days the destroyed tissue sloughed away and left a healthy surface. I then used tannin and glycerine connected with simple but profuse injections of tepid water. Her rheumatism, which was only tenderness of the uterus and ovaries, consequent upon the local disease I have mentioned, gradually disappeared, and belladonna seemed to mitigate all her suffering.

She was convalescing in a few weeks. Her menstruation became quite easy, and she is now quite well, and is a living evidence of the utility of combined general and local treatment, and her case furnishes us proof that however much a man may know of materia medica, and however well he may be posted on key-notes, it is very well that he should know something of disease, that he can distinguish the difference between rheumatism and a uterine affection.

And we should all understand that it is asking too much of a high potency to demand that it should cure colic when dispatched on the errand of relieving gout.

It is unreasonable and visionary to think that a harmless pellet should not only possess power to cure, but demand that it have the judgment to diagnose also.

One would think, to hear some men talk of the wonders of a pellet possessed of sufficient wisdom to determine the exact character and cause of disease, and the ability to eradicate it that a grateful and generous world should gladly bestow upon every granule unrestrained gratitude and clothe it with the rights of the elective franchise. For myself, I have great faith in proper medication, but none in witchcraft, sorcery or the blue-glass cure.

In June, 1871, Mrs. H., aged 42, complained of dragging

sensations about the pelvis, pain in the back and loins, increased by all motion and exercise, this was followed by considerable leucorrhœa, and at length the menstruation become painful. She got very nervous and hysterical, and at last great heat and irritability of the bladder occurred, and the patient became almost frantic. Her friends feared insanity. She was confined to her bed most of the time, and could not be moved without great suffering. In 1874 she was taken to Rochester, where she remained two years, or until May, 1876. She was then brought to her home, and in May, 1877 came into my hands. She had been treated for everything but what she had. Her symptoms had been studied and her treatment (constitutional only) had been continuous. An examination of the case showed it to be one of chronic cervical endometritis. I made use of various applications to the diseased cervix such as solution of sulphate of copper, chromic and nitric acid, without avail, at last I determined to remove the diseased glands, which were upon a hard indurated base. After this operation the system responded to the proper remedies, viz., belladonna, ignatia and sepia, and with a generous diet and plenty of fresh air convalescence began, and in twelve weeks my patient was able to come to my office without inconvenience, and boasted of her ability to ride with comfort, a thing she had not been able to do before in over three years. Thanks to an advanced system which can bring hope and health to the afflicted.

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### OPPOSED TO VAGINAL INJECTIONS.

BY ALICE BOOLE CAMPBELL, M.D., BROOKLYN, N. Y.

Read before the New York (National) Homœopathic Medical Society, at Brooklyn, Sept. 8th, 1880.

It is always easier to drift with the tide, or carried along by the crowd, than to steer an independent course



or mark out a distinct and solitary path. It is pleasanter to adopt that which is popular and universally accepted than to encourage individual thought and action. It is more inspiring to know that the majority are with you, than to feel yourself isolated and cast off, as belonging to an obscure minority.

But that which is most agreeable to personal tastes, and conducive to self-comfort, is not a safe criterion, nor a reliable guide to beneficent and lasting results. The tide does not always promise a safe harbor, and the crowd is not always impelled by the loftiest motives. A sentiment which is popular with the masses, does not always rest upon a sound basis, while the decisions of the majority are not invariably founded in wisdom.

Those who side with the title, or agree with the animus of this paper are few, while those who dissent, both in theory and practice, are many. To the dominant class I venture two propositions.

1st. Vaginal injections are needless.

2d. Vaginal injections are pernicious.

A diseased condition of the mucous membrane in any part of the organism, does not imply a necessity for direct application to the affected surface in the treatment thereof. If such necessity prevails, what hope could we have of making any impression on those organs far removed from external interference, and which are liable to the same derangements. Catarrh of the bronchial tubes, of the stomach, intestines, gall-ducts, renal pelves, etc., are successfully treated, and no reflections are cast upon the order of arrangements in the human economy. No one deplores the fact that these organs are not within reach of the oft repeated stream, rushing waters, and medicated fountains so extensively recommended for similar conditions existing in other parts of the body. The fact that the mucous surfaces of the ears, eyes, nose, mouth, larynx, bladder, vagina and rectum, communicate more

readily with the orifices of the body does not seem to warrant treatment by any other method than that used in like derangements of internal organs. No reference is intended in this cursory article to the introduction of oils or fluids for the softening or dislodging of hardened or impact secretions, which sometimes act as an obstruction in the different outlets of the body, but only to the indiscriminate and now almost universal practice of prescribing vaginal injections, medicated or otherwise, in the many and varied affections peculiar to that organ. For, whether the condition be one of simple irritation, or of confirmed ulceration, neuralgic or inflammatory, hyperæmic or anæmic, whether the discharge be mucous or watery, purulent or benign, the difficulty within the cervix-uteri or external to it the general tendency is to associate all cases of this sort with an injection of some kind. Among the few reasons given for thus generalizing and summarily disposing of this class of troubles, is one which is unfailingly brought forward as a conclusive argument in favor of this practice, namely, that of insuring cleanliness of the parts involved. However useful this precaution may be on general principles, the measures taken to secure this end, are objectionable, and can have no specific application to vaginal complaints, as the same conditions elsewhere require no such expedients. A virulent catarrh of the air passages, or a case of diseased or dissolving lungs will present a range of symptoms as repelling and offensive as any that can be grouped against the organ in question, and yet no one offers to assist nature by washing out these clogged and putrid pipes, and for the obvious reason, that these overcharged tubes are relieved of their surplus secretions by the concussive action of cough. It is just as evident that the vaginal canal, placed as it is on an inclined plane, in the inferior part of the pelvis, is well calculated to perform the part of a sluice for accumulations occurring

within its walls, Therefore, vaginal injections are needless because, like conditions in other parts of the body are cured without this aid, neither are they required because, the generous provision for the contingencies existing throughout all nature is equally apparent throughout the human economy. It is clear then, that the call for this mechanical aid exists more in fancy than in fact.

Vaginal injections are pernicious.

Proving only the superfluosness of a habit is not always to condemn it, and if in the subject before us this objection is the only one which can be brought against their use, they might be continued unmolested. But that this method is frequently only a slipshod way of assailing an effect, with but little reference to the cause, is clear to any careful observer. Some writers make an attempt to designate the peculiar conditions in which injections are required, but the line drawn is so fine, or the ordinary mind so obtuse, that the effort seems more "like a distinction without a difference." Vaginal injections are pernicious, in that as all spontaneous derangements must spring from some latent evil, these tend to balk nature in the design of concentrating her forces at that point, in her endeavor to dispose of an irritating element in the system. For the trouble does not begin and end in one spot. The expression may be local, but the cause must be more or less general. To appeal to this outward expression, to suppress the discharge, to check the action of the surfaces involved by the nerve-shocking method alluded to, cannot represent skill, but only the crudest form of violence, or chemical action. Bringing a rank astringent in contact with a live surface will most assuredly shrivel and pucker that surface, but is there no better way of ministering to relaxed nerves and flabby walls? We do not so treat the stomach. The forcing of strong and steady streams, medicated or otherwise, against surged blood vessels, may dissipate the con-

gestion for the time, but how will the reactionary effect be treated? And we do not so treat the brain. To drain off vitiated accretions by inundating flaccid surfaces will not change the nature of the malady, nor reach the seat of the trouble. If this is held to be a remedial measure, how could we ever effect a cure with the more interior organs? And if we do cure the one without this syringing, why don't we cure the other in the same way, when affected in a similar manner?

Vaginal injections are pernicious in the mental influence they exert, because they tend to a lower estimate of the art of healing in the minds of patients who will ever associate mechanical means with a cure, and are sure to place the less before the greater. Again, because many patients upon being entrusted with the performance of these operations adopt the vulgar and unintelligent notion, so well known, that "if a little is good, more is better," and, by an unbounded license in the frequent use, create a habit which they think is indispensable to comfort. Upon advising ladies to dispense with the use of the injection, it is very common for them to express surprise, and extravagantly declare they "cannot live without them." It was wittily remarked by the relative of a representative of this class of invalids—one who had kept up the daily and repeated use of the syringe for years—that "she believed her sister would be lonesome without her injection pipe." But to the credit of women, be it added, I have yet to know of one who ever regretted the giving up of this baneful habit.

It is contended by many that the injection is used merely as an adjunct, intended as such, to assist the proper internal medication. I adopted, and pressed that idea until convinced that we must work on the line with nature and not from an opposite point. That we can assist when we discern the drift of her efforts and accept her suggestions, but that we cannot work in diverse direc-

tion at the same time, and if we are not working with, must be working against her.

That these injections, check and stop vaginal discharges it is not intended to deny, and that they are essentially more pernicious on that account is the crowning evidence against them. For if the law of metastasis in disease is a truth, it is equally operative in all complaints, and the suppression of a flow of this kind by this questionable means, is sure to be followed by that penalty which attends the infraction of any law. That this law holds good in cases of this kind has frequently been attested by others. To quote Prof. Ludlam who writes: "Some of the worst examples of gastric indigestion that I have ever treated were chargeable to vaginal injections that had been resorted to for leucorrhœa." There are cases of reflex disorders in other organs, that will not yield to the best chosen remedies until the habit of taking vaginal injections has been proscribed. This remark applies not only to those injections which are harsh and irritant, but also to such as are bland and ordinarily harmless. Again he says, "That the sympathy between the cervix-uteri and the ovaries is such that whatever harms the one will almost certainly harm the other." Also, in a case of leucorrhœa during pregnancy, he opposes the use of astringents, which he says, are designed to seal up this flow, and to close a species of safty-valve to the general economy." "To check menorrhagia by styptics is not to cure the patient, but to complicate matters and make them worse instead of better." To strike this single symptom out of existence would be to lose time and work mischief, thousands of lives have been sacrificed in this manner. These harsh astringents are often thrown into the vagina, and sometimes even to the womb itself, with utter disregard to the delicacy of the structures, of the risk of throwing the fluid through the fallopian tubes directly into the cavity of the peritoneum, of damming

up the blood upon the ovaries, of pelvic hæmatocele, and other consequences a hundred fold more serious than the hemorrhage itself." Having quoted thus largely I would humbly add that, in my own experience I have often been forced, in my own mind to connect uterine and ovarian troubles with the suppression of this peculiar vent, which opinion has been sustained by the disappearance of the subsequent symptoms upon the reappearance of the vaginal trouble. Nature will not be cheated. In her attempts to renovate the system, if thwarted at one point she adapts her designs to another, and though a profuse or abnormal discharge from any organ is not to be desired, we are able to see how it may occur in kindness and the selection of the vagina as an outfit for any impurity of whatever nature, is much to be preferred to an organ more highly vitalized.

Putting a leucorrhœa out of sight, is not removing the cause from which it springs, and vaginal injections are doubly pernicious in that they tend to reverse the exterminating order of nature by throwing back into the system those elements of discord which she is endeavoring to divest the body of.

To establish the truth of this theory it is not necessary to capitulate cases, for the power of this doctrine to sustain itself is being daily verified by the accumulating successes of those who act up to the light they profess. And in no class of disease is homœopathy put more to the test, than in vaginal affections, where the variety of facets and phases which this organ is capable of assuming is only equaled by the nervous freaks and poetical fancies of the sex to whom these ills belong.

It is reasonable therefore to conclude that leucorrhœa or vaginal diseases should be treated after the same manner of treating any other morbid process, that of selecting the specific remedy for the specific condition, and it is safe to assert that strict adherence to a correct type of

homœopathy will bring more satisfaction and permanent results than it is possible to obtain from a disjointed heterogeneous practice. For obedience to law will always restore order, and, in all conditions amenable to treatment, the truth as it is in homœopathy will invariably prove a savor of life unto life.

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## MURIATIC ACID IN CHILDREN'S DISEASES OF THE DIGESTIVE ORGANS.

BY EDWARD CRANCH, M. D., ERIE, PA.

Read before the New York State Homœopathic Medical Society, held at Brooklyn, N. Y., September 8th, 1880.

Muriatic acid, now called hydrochloric or chlohydric acid, has not been spoken of prominently by any one, so far as I know, in this connection, yet it deserves and will repay the most careful study in these diseases, that are so very common, especially in summer.

In low fevers, states of great exhaustion, when the patient, muttering, slips down in bed; in the diarrhœa of typhoid fever, in severe forms of thrush and cancrum oris, and of diphtheria, this acid has been recommended, also in hemorrhoids occurring suddenly in children, but it has been overlooked by Guernsey, Duncan, Bell, and others, in some of the commoner forms of children's diseases, in which I have found by experience that it is peculiarly applicable.

Let us note a few of the symptoms from the pathogenesis of muriatic acid, as recorded by Hahnemann and by Allen.

We find, with a state of peevish fretfulness, "the margins of the lips raw, dry and cracked, with pimples

and scabs; the mucous lining of the lips inflamed, red and painful, stripped of epithelium to a considerable extent, and dotted with whitish points; redness of inside of cheeks and of arch of palate."

These conditions of the mouth are often found in the commencement of severe forms of gastro-enteritis, and in the course of summer-complaint or entero-colitis.

Accordingly, we find furthermore the following: "Loss of appetite, sour risings in the throat, eructations and hiccough, nausea and vomiting, pain and tenderness over region of stomach, painful state of griping and fermentation in the whole abdomen, colic with much flatus, and relief from discharge of flatus; thin watery diarrhœa, with soreness and extreme tenderness of anus; stool passed when micturating; itching and soreness of anus as if from pinworms." We find also "prostration, chilliness and shivering, extremities quite cold, with dryness of the mouth, restless sleep with frequent awakening."

All these symptoms are found very frequently in different stages of indigestion and summer-complaint of children, and muriatic acid will find useful employment among many of the cases described so graphically by Duncan as "acid children."

Perhaps it is because the muriatic acid is one of the natural acids of the stomach, but whatever the explanation, it remains a fact that this acid, in a medium or high potency, will correct acid stomach, when there are also present the marked flatulence and looseness of the bowels, the redness and rawness of the lips, easy excoriation of the anus, and tendency to prostration and cold skin.

These conditions prevail very frequently in the latter stages of entero-colitis, after such drugs as colocynth, nux vomica, mercurius, china. and others, have exhausted their action, without entirely checking the unfavorable symptoms, and leaving the little one peevish, fretful and prostrate. In such cases as these muriatic



acid can complete the cure, restoring the cool skin to greater vitality, correcting the general acidity, and overcoming the prostration of all the forces.

Of course it can only do this when selected according to its own proper symptoms ; and to facilitate the correct appreciation of these, it will be well to allude to some remedies that are frequently called for in the same diseases, especially in interocolitis.

*Calcareo* is oftener called for in the flabby, *alkaline* child, with profuse sweat of head ; *sulphur* has the urinary secretion more scanty, while muriatic acid has it profuse and frequent ; *pulsatilla* has much less flatulence ; *argentum nitr.* has the debility and the flatulence, but lacks the very sour stomach, without which I do not prescribe muriatic acid ; *china* has not the sour stomach, and it has more frequently a craving appetite ; *arsenicum* has more frequent vomiting, and much more restlessness.

More thorough comparison will suggest more points of contrast, but these instances are sufficient to show what company our remedy belongs in, and will give some idea of its possible value, which I have many times verified in practice. It is a little curious that the old school \* has lately recommended that milk acidulated by dilute muriatic acid be fed to these very cases of summer complaint in children, to correct acid stomach. Perhaps it will be beneficial, if sufficiently dilute. It is also an ingredient of lactopeptine, a popular stomachic.

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\* Drs. Rudisch and Jacobi, of N. Y.

## PAINLESS LABOR.

BY WM. BUDD TRITES, M. D., PHILADELPHIA, MANAYUNK,  
PA.

The cases of painless labor, reported in the May number of the JOURNAL OF OBSTETRICS recall the following cases, which occurred a few years since in my own practice.

In July, 1872, I was called to attend Mrs. P., in her third confinement. On arriving, I found the os dilated to the size of a quarter of a dollar and the presentation natural.

I seated myself at the bedside to wait for pains. After waiting for some time, I remarked, that the pains seemed very dilatory. She replied that her previous confinement had been *painless*. That instead of pain she had had a sense of heaviness or pressure, which came at regular intervals, but not attended by unpleasant sensations. That in her other deliveries, the only unpleasant feeling experienced was a slight pain just as the head of the child forced its way through the vulva.

I found her story fully corroborated during my attendance. The head of the child came gradually and easily down apparently without assistance from the mother, nor did she seem to suffer a particle until just as the head was pressing its way into the world. This pain was merely local, being occasioned by the stretching of the perineum and other soft parts. This patient presented another peculiarity, the function of lactation has never been developed after her confinements. Her mam-mæ were normal looking only flat and flaccid. Her general health was excellent, and the child about the ordinary size.

I have often wondered whether any relation existed between the empty breasts and the painless labors, whether

this might be but another instance of that great law of compensation which seems to have sway throughout the universe. In the future it would be of interest for reporters of painless labors to incorporate in their reports the condition of the mammary glands and the functions of lactation.

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### CASES FROM PRACTICE.

BY S. T. BIRDSALL, M.D., BROOKLYN, N. Y.

Read before the Kings County Homœopathic Medical Society, June 1, 1880.

Owing to the necessarily short period of time within which we have been required to report to this society on gastro-intestinal diseases, we have of necessity been precluded from entering into any lengthy dissertation on the subject. I will therefore confine myself to the analysis of a few cures, which I hope may be of interest to the society, or at least be instrumental in eliciting discussion thereon. The first case to which I will call your attention is one which, in a practice of nearly fifteen years, it has been my good fortune to have met but two.

When first called upon to attend this little patient (a boy of about four years of age), I found him sitting in his chair, being unable to walk or stand, his right arm hanging useless by his side, the corresponding limb also refusing to obey the edicts of the will, his countenance distorted, face and mouth being drawn to the left, his tongue, on being protruded, drawn in the same direction. His mental condition was perfectly normal, though unable to articulate or speak a word. Pulse regular and free from any febrile movement. In short, I had a case of complete hemiplegia. Now, hemiplegia in a child four years of age, excepting as a result of some mechanical

injury, or produced by compression from the effusions consequent upon disease of the cerebral meninges, or possibly as a sequelæ of diphtheritis from poisoning of the nerve centres, is so exceedingly rare that I was at first somewhat puzzled to account for the condition of things before me. The mother was positive the child had received no fall or injury of any kind, being constantly under her direct supervision, and there was no evidence whatever of any cerebral disease; the whole thing had come on within the past four days, before which time the child was running about apparently well.

Upon questioning the mother more closely, and getting from her a history of the child's actions for some weeks previous, I found the child had been exceedingly fretful, with irritability of temper, disturbed sleep, sudden waking out of such, as if from fright, tossing about and grinding his teeth during sleep, averse to being caressed, crying for things and then refusing them when offered, itching at the anus and at the nostrils, producing a disposition to scratch the fundament and pick the nose. Appetite exceedingly variable, with a general craving for sweets. Abdomen somewhat distended.

With this array of symptoms before me, I at once diagnosed his case as one of *vermimus* gastro-intestinal irritation, the paralysis being reflex. The indications pointing conclusively to Lina, it was accordingly administered in the 200th potency in water, a dose every two hours. Within twenty-four hours after the administration of the remedy the paralytic symptoms began to subside, and at the end of one week had entirely disappeared, the child became more natural in its actions, less irritable, ceased picking at the nose, slept naturally, appetite returned; in a word, all unnatural symptoms ceased to exist, and the child was restored to perfect health.

A few weeks after this, I was called in consultation with my brother, Dr. A. H. Birdsall, to see another case

which proved to be almost identical in every particular with the one just delineated. This child was somewhat older, being between seven and eight years of age. The hemiplegia in this case was also complete; had existed about the same length of time.

The concomitant symptoms being the same as in the first case, I of course had no difficulty in making a diagnosis. The same remedy was administered, in the same potency, and, as the Doctor afterward informed me, with the same result. Within ten days the symptoms had entirely disappeared, motion was restored to the paralyzed muscles, and the child cured.

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I will next call your attention for a few moments to a group of five cases of accidental poisoning, the poison (probably a salt of copper) spending its force almost entirely upon the gastro intestinal tract.

I was hastily summoned on May 10th to attend upon one of my regular families, the messenger bringing word that five members of the family had been taken suddenly ill, and from the simultaneousness of the attack, and the similarity of the symptoms, they suspected that they might have been poisoned. On reaching the house I found the following condition of things: A few hours previous to my arrival, one member after another of the family had been taken sick, and now five of them were either in bed or on lounges, suffering intensely from the following symptoms: The first thing they noticed was a peculiar sensation of dryness in the throat, accompanied by a feeling of constriction almost spasmodic. This symptom was so marked, that they almost feared to swallow anything lest they might choke. Some of them complained also of a peculiar metallic taste in the mouth. They were then seized with violent cramps in stomach and bowels, accompanied by vomiting at first of green bilious matter, and later of a watery liquid containing

flakes. Simultaneous with the vomiting there occurred a diarrhoea at first resembling somewhat the material vomited, then becoming more profuse and watery, containing flakes which resembled closely the rice water discharges of cholera, though not quite so copious. The diarrhoea was accompanied by intense pain and cramps in the bowels. The vomiting and purging continued with greater or less frequency for about twenty-four hours, the passages toward the last becoming less copious and accompanied by slight tenesmus, the bowels becoming quite sore to touch, and on the least movement. Within a few hour of the commencement of the attack, high fever set in, accompanied by great thirst and restlessness, tossing about and uneasiness. The fever lasted about eight hours and was followed by great prostration of strength, with faintness and sinking, pulse becoming small, rapid and weak. This prostration of strength, and more or less rapid pulse, being the most constant symptoms during the entire convalescence, which lasted about ten days.

Of course the question at once arose as to the cause of the attack, and the nature of the poison. In tracing the source of the poison I was greatly aided by the fact that two members of the family entirely escaped attack.

Those made sick began to experience symptoms on Monday morning about 8 o'clock. For breakfast that morning, they had wheaten grits and milk, bread and butter, of which they all partook. On Sunday night a part of those made sick took their supper away from home, this, of course, excluded anything they may have eaten at that meal from the cause of the attack. For dinner on Sunday they had spring lamb, green peas, potatoes, bread and butter, and rhubarb pie, home-made and cooked in tin, of which they all ate, and I should mention here, that one of those attacked experienced symptoms before her dinner on Sunday, which passed off to be renewed again with increased force on Monday

morning. For breakfast on Sunday they had, as usual, wheaten grits and milk, bread and butter. And this brings us to Saturday night dinner, thirty-six hours before the attack without having discovered, as yet, anything in which they had eaten or drank, which could possibly produce that train of symptoms heretofore described, besides they had all partaken equally of the food made use of to this time, and two members of the family, as before stated, had entirely escaped attack. For dinner on Saturday night, which they ate about six o'clock, they had beef stew with potatoes, lettuce, bread and butter, and canned tomatoes, for dessert they had home-made cake. They all ate freely of this, excepting two members of the family, who ate no canned tomatoes, and these two were not made sick.

This fact decided me at once in the opinion that those tomatoes must have contained, in some form, the poison which had caused all the trouble, but just here I was confronted with the unfortunate circumstance, that the tomatoes had all been eaten, and the can, which I was informed was the usual tin can used for that purpose, had been deposited in the ash barrel and removed, which, of course, precluded the possibility of its being used for purposes of investigation.

The only means remaining whereby we could determine the nature of the poison, were the symptoms presented during the attack, and these were entirely covered by the pathogenesis of cuprum. 'Tis true, this fact of itself might not be considered conclusive evidence of the presence of copper, but taken in connection with that other fact that most articles are frequently prepared for canning in copper vessels, and the presumption becomes almost a certainty. The can which unfortunately fell to their lot, was probably among the last to be taken from the vessel, and thereby may have contained a greater amount of the poison, and the question presents itself?

right here. In view of the fact of the large and increasing number of cases of poisoning from eating food prepared in copper vessels, is it not high time that the medical profession should institute some means whereby this growing evil may be prevented, and the community saved from much unnecessary suffering, and in many cases from death itself?

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SIMILIA SIMILIBUS CURANTUR.

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BY H. M.

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Read at the banquet given to the N. Y. State Hom. Med. Soc. by the Homœopathic Physicians of Kings Co., at Brighton Hotel, Sept. 8th. 1880

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Once on a time, in years gone by,  
A German savant did descry,  
And gave the world, as more humane,  
A method new of curing pain.  
While rendering to his mother tongue  
A work on drugs, long since begun,  
A vision flashed athwart his mind;  
If he could furnish to mankind  
A law of cure, as free from flaws,  
As any one of nature's laws,  
How vast a good there might accrue  
To suffering men and women too.  
And as he pondered, thus he thought.  
While birds and beasts by God are taught,  
And lead by instinct to the cure,  
Of all the ills which they endure,  
Should man alone, his noblest work,  
Be left to wander in the dark,



Without a light or law to show  
Which way the stream of life doth flow ?  
Birds at the north will gather fast  
And southward shun the winter's blast,  
Which instinct tells them soon will come,  
E'en ' fore the bees have ceased to hum  
Their matin offerings, round the hive,  
Where food they've stored, that they may thrive.  
Through winter's cold and stormy days,  
And thus again are nature's ways,  
Or laws, obeyed without a thought  
By creatures dumb and all untaught.  
These were his thoughts and this his prayer  
As day by day he wrought with care.  
Translating books, comparing thought  
Of teachers now with those who taught,  
When art was young and science crude;  
When compound boluses most rude  
Were made from excrements whose name  
Would paint our M. D. 's face with shame.  
To Cullen's works he came at last,  
Translating *China* from the past  
He found it cured, when taken right,  
Diseases of a certain type.  
If China cures a certain ill,  
Composed of fever, sweet and chill,  
Which 'twould produce in healthy man  
When taken by the single plan,  
Then nausea, colic, bloody flux  
*Might* yield to Ipecac or Nux,  
Because these drugs on Cullen's plan  
Will cause such things in healthy man.  
This thought impressed his master mind,  
"Perhaps *all* drugs will cure their kind."  
If this be true the question's solved,  
Here is a *law* if once evolved,

Will prove a compass o' er the sea  
Of dread disease and misery.  
To this grand task the dauntless mind  
Of Hahnemann at once inclined.  
Inspired by God and love of man  
He did the lore of ages scan  
In search of facts, that might attest  
Or else refute and set at rest  
His vision of a law of cure  
That would the test of time endure.  
Specific drugs the Ancients knew  
Would cure diseases, not a few;  
*A Law of cure*, they did not claim,  
But gave specifics for a name,  
Cathartics, emmenagogues, diuretics,  
Astringents, tonics and emetics,  
Were all arranged in proper places  
And marked "specific" for some cases.  
This is for heat, that is for chills,  
This for woman's various ills,  
That is for fever, called malaria,  
This is for bilious dysentery,  
That is for bruises, that for burns,  
This for scrofula, that for worms,  
This for the blood, which had to bear,  
Of human ills the largest share;  
The lungs, the liver, and the heart  
The kidneys, stomach,—every part  
Of man's economy was tabled,  
And with a drug distinctly label'd.  
Prescribing thus became an art,  
A routine practice, from a chart,  
'Twas called "*secundum artum*" then  
And greatly pleased the minds of men.  
But like a ship without a chart,  
At ramdon sailed the healing art,



It had no law its way to guide  
But on experience blind, relied.  
When dread diseases scourged the land  
And baffled art on every hand;  
When brave men's hearts were oft dismayed  
And timid ones were sore afraid.  
What wonder then, was heard the cry,  
Our art is impotent, they die;  
Or prayer from every honest heart  
For *law* to guide the healing art.  
Still Hahnemann his course pursued,  
And labored on as he reviewed  
All arts and theories of the past,  
From Esculapius to the last  
Inventor of cathartic pills,  
A certain cure for human ills.  
And everywhere through every creed,  
Found relics of a crying need  
And *fragments* of a law of cure,  
But nothing tangible or sure.  
Hippocrates and Sydenham saw,  
Visions of a therapeutic law,  
Visions they could not comprehend  
Or utilize to any end.  
But Hahnemann, with busy hands,  
Had gathered up the various strands  
Of other's thoughts and other's deeds,  
On all their numerous arts and creeds,  
And when his eye the vision caught,  
'Twas comprehended at a thought,  
"This is a law from heaven," cried he,  
"That like cures like, vouchsafed to me  
For man's deliverance from pain,  
O God, I thank Thee in his name."  
Straight to the world, with heart intent  
On man's deliverance, he sent

A statement clear, that might insure  
A knowledge of this law of cure.  
'Twas like the coming of that morn  
When to the world the Lord was born,  
Who came to carry out the plan  
Divined to save the souls of man.  
It was received by sages then  
Like other laws vouchsafed to men.  
Some took the law to test its worth;  
While others cursed the very earth  
That bore a man who dared deny  
The precepts they were governed by.  
'Twas ever thus since first the sun  
His radiant beams on Eden shone,  
The advance guard in every fight,  
Must *battle* to maintain the right.  
"Similia Similibus Curantur,"  
Was not unfurled as any banter,  
But as a motto, which the master saw,  
Expressed in brief, a therapeutic law.  
No sooner was this law unfurled  
Than envious parties at it hurled  
Their wit, sarcasm and malignant spite,  
Thinking, no doubt, to kill it quite.  
But like the waves, 'gainst yonder shore  
Now coming in with such a roar,  
They strike the beach and backward break,  
While others follow in their wake,  
So fell the shafts which envy shot  
At Hahnemann, but harmed him not:  
They fell as harmless by the score,  
As fall the waves on Brighton's shore.  
While other modes of cure have passed,  
And with forgotten things been classed,  
This law of cure in radiance bright,  
Still bears aloft its beacon light,

And so for ever it shall stand,  
A mandate of Divine command.  
Now if from yonder world of bliss,  
Thy spirit can descend to this,  
We ask thee Hahnemann to wing  
Thy way to join our gathering.

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## REPORTS OF SOCIETIES.

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### REPORT OF PROCEEDINGS TWENTY-NINTH SEMI-ANNUAL MEETING OF THE HOMŒO- PATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

BY J. FREEMAN ATWOOD, M.D.

Delegate Kings County Homœopathic Medical Society.

The Twenty-ninth Semi-annual Meeting of the Homœopathic Medical Society, of the State of New York, convened on Tuesday morning, September 7th, 1880, in the Brooklyn Common Council Chamber, at 10:30 A. M.

The meeting was called to order by the President of the Society, Dr. A. R. Wright, of Buffalo, with Dr. H. L. Waldo, of West Troy, as Secretary. Prayer was offered by the Rev. Dr. Farley, after which an address of welcome was read by Dr. P. P. Wells, of Brooklyn, which was listened to with profound attention. The leading thought embodied in Dr. Wells' remarks was that the welcome came in heartiness, from the fact that in the membership assembled was recognized the embodiment of a great truth, in which the welfare of a race subject to pain and sickness is so largely concerned. The greeting, moreover, took warmth, he remarked, from a common faith in a God-given *law*, to the advancement in the knowledge of which all had consecrated themselves. Dr. Wright, the president, responded in appropriate terms,

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expressing hearty thanks in acknowledgement of Dr. Wells' ringing words of welcome.

The regular business of the session was then proceeded with. On motion, a Committee on Credentials was appointed, consisting of Drs. Blackman, of Brooklyn and Carr, of Rochester. Letters of regret were then read by the Secretary, from Dr. Couch, the former president, Drs. H. D. Paine, W. P. Fowler, A. K. Hills and W. C. Richardson. The Bureau of Pædology, Dr. W. W. Blackman next made its report. A paper on the "*Peculiarities of Infant Anatomy, Physiology and Digestion*," by Dr. H. L. Waldo, of West Troy, was read by the author. This was followed by one on "*Muriatic Acid in Children's diseases of the digestive organs*," by Dr. Edward Cranch, of Erie, Pa., read by Dr. Blackman. Dr. Edward Chapin, of Brooklyn, next read a paper on "*Gangrene of the mouth and vulva, with cases*." Papers were also presented on "*Acid and Alkaline, children and their treatment*," by Dr. T. F. Duncan, of Chicago, and on "*Modification of Diathesis*," by Dr. C. M. Conant, of Middletown, N. Y. On motion of Dr. Smith, of Harlem, Drs. Knaer, of Philadelphia, and A. M. Cushing, of Massachusetts, together with any other visiting physicians, were invited to seats, and to participate in the exercises.

The Bureau of Clinical Medicine was next taken up. Dr. N. Osborn, Chairman. Under this head a paper was read by Dr. Wells, of Brooklyn, on "*Latent Medication*." He urged that impatience on the part of physicians was often the cause of mistakes. If the selection of the remedy was made with due regard to the law of cure, this temptation should be resisted. In his opinion the first duty was *to be sure of the proper remedy*, and the second, *to let it alone*. Cases were given. Some discussion followed this paper. Dr. McMurray, of New York, though the lesson a very important one, especially to the young practitioner. The difficulty, it seemed to him, was in holding the patient for a long period when the symptoms failed to show any improvement. Drs. Boyce and Varona also participated in the discussion of this paper, which elicited the further remark from Dr. Wells, that as regards potency, in proportion as the remedy is the proper similimum, the higher it can be

used the better; and that he had never been disappointed in such use.

Dr. Searle stated that some years ago, having had occasion to go over the records of the Brooklyn Board of Health, he discovered, on a comparison of the number of death certificates filed by four or five Homœopathic physicians of different proclivities as to dose, but enjoying practices of about equal size and character, that one who was well known to be *low* in the prescribing had *one* death charged to him, while three others pronounced high dilutionists, had ten, fourteen and twenty-five respectively, during the year.

The report of the Committee on Credentials was next presented, Kings County being, of course, most largely represented.

Under the head of Clinical Medicine Dr. Ella A. Jennings, of N. Y., read a paper on "*Irritants and Stimulants in the Practice of Medicine.*" This paper took strong ground against the use of *alcohol*, *chloral* and especially *tobacco*. Some discussion ensued, Dr. Searle adducing facts brought out by the investigations of an English physician, who found in the pension retreats of that country a large number of men over seventy years of age, and some over ninety, who had always been inveterate chewers and smokers of *tobacco*, thus proving that the use of this article did not invariably militate against longevity. Dr. Jennings replied that she knew a man over one hundred years of age who took opium every night sufficient to kill half the people in the room. Dr. Searle facetiously retorted that he intended especially to emphasize the fact that these old pensioners were the *remnants* of the British army, and that all who had *not* used *tobacco* were dead. This settled all further argument. Dr. McDougal, of N. Y., next read a versified paper on the "*Homœopathy of Shakespeare.*"

After some discussion it was ordered that the transactions of the society for this year be published with those of 1881. Adjournment was then taken until 2 p. m.

The regular order could not be observed at this session on account of the failure of several Bureaux to report, either through chairmen or their representatives. On the whole, however, the session proved fully as interesting as any of the entire meeting.

The society convened again at the appointed hour, the first Bureau called being that of "*Physical Diagnosis.*" Dr. J. W. Dowling, the chairman, responded with a paper on "The physical signs of approaching dissolution in some forms of cardiac disease, with the causes of sudden death, and the proper precautionary measures to be used when organic disease of the heart is known to exist." This paper was well received, and was followed by one on "An improved and facile method of percussion," by Dr. Walter G. Cowl, of N. Y. Drs. Dowling and Wilson, of Connecticut, took part in the discussion which followed.

Dr. Sterns, of Buffalo, reported from the Bureau of Mat. Medica, and read a paper on "Remedies affecting the organs of circulation."

The Bureau of Ophthalmology was next called, and its chairman, Dr. F. Parke Lewis, of Buffalo, introduced Dr. George S. Norton, of N. Y., who gave the synopsis of a paper on a peculiar form of disease of the eyes dependent upon uterine disorder. The affection, he demonstrated, was functional in character and consequent upon reflex irritation of the fifth and optic nerves. Pain and photophobia were the chief symptoms; uterine disturbance was always present, such as menstrual irregularities and fixation of the pelvic organs. Hysterical symptoms were prominent.

Dr. Lewis then read a very instructive paper by Dr. W. P. Fowler, of Rochester, on "Hints for the general practitioner on the treatment of injuries of the eyes."

The regular order was here interrupted by Dr. Lilienthal of New York, who moved the appointment of a Committee to draft suitable resolutions upon the death of Dr. C. Hering, of Philadelphia. The motion was adopted, and Drs. P. P. Wells and Lilienthal were appointed such Committee. Dr. Lewis next read a paper by himself on "Color Blindness," and on motion a special Committee was ordered to be appointed to urge upon the legislature the advisability of passing a law requiring engineers of locomotives, and steamboats—as well as pilots, train hands, &c., to pass an examination, as to their ability to distinguish colors. The following Committee was accordingly appointed: Drs. F. P. Lewis, G. S. Norton, T. F. Allen, E. D. Jones and Wm. S. Searle.



Adjournment was presently taken until Wednesday morning at 10 o'clock.

The second day's session convened at the appointed hour, Dr. E. Hasbrouck, Vice-President in the chair. The Bureau of Gynæcology was first called. Dr. Anna C. Howland, Chairman, read a paper by Dr. W. C. Doane, of Syracuse, upon "The effect of local treatment in uterine disease," advocating the use of vaginal injections and pointing out the best methods of employing the same. Dr. Alice B. Campbell of Brooklyn followed with a paper, "Opposed to Vaginal Injections," in which she strongly condemned their use as needless and pernicious. In closing, she professed a profound faith in the unaided efficacy of the properly selected homœopathic remedy, in any and all of those utero-vaginal affections for the relief of which local treatment in the form of injections has always been deemed necessary by most practitioners.

The Committee on resolutions touching the death of Dr. Hering, presented their report through Dr. Wells, the Chairman, who made brief remarks eulogistic of the deceased. Dr. Lilienthal also spoke in a similar strain.

Dr. Cowl read a paper on "Tight Lacing as a Cause of Disease," which was followed by the report of the Bureau of Otology. Dr. H. C. Houghton of New York, read a paper by the Chairman, Dr. W. P. Fowler of Rochester, on "Two cases of Otitis Media Purulenta from the use of the Nasal Douche." Discussion ensued, participated in by Drs. Whitney, Searle and Houghton, the first named controverting the position taken by Dr. Fowler which was in opposition to the use of the nasal douche. Dr. Whitney believed the appliance to be of great service, and that any evil effects that had been observed were due to its improper use.

At the afternoon session the Bureau of Surgery was presented by Dr. W. M. L. Fiske of Brooklyn, in the absence of the Chairman, Dr. Terry of Utica. Dr. Varona of Brooklyn, read a paper on "Conservative Surgery," which was exhaustive and very interesting. He urged the importance of the greatest possible conservation in the waste of tissue and vital force. After referring to various methods of surgical dressing in use, he announced that he had discarded sutures, and exhibited an

instrument of his own, for the purpose of securing adaptation of the edges of wounds. Dr. H. C. Frost of Buffalo, followed with a paper on "Blood Poisoning," in Surgical cases.

After a vote of thanks to the press, Mayor and Common Council, for the use of the Chamber, the Committee on Credentials made a final report.

The Society then adjourned and proceeded in a body to Brighton Beach Hotel, where the members were entertained at a banquet tendered by the Homœopathic physicians of Kings county.

About 250 guests sat down to the tables which were well and abundantly served. At the conclusion of the banquet, Dr. Fiske read an interesting poem on "Similia Similibus Curantur," by Dr. H. Minton of Brooklyn.

This meeting being the first of the State Society's that I have had the pleasure of attending, I cannot compare it with any previous one from personal knowledge. I must say that I was impressed with the great possibilities for good pertaining to the organization. I was, however, equally impressed with the many serious hindrances to the full and legitimate beneficial results that ought to proceed from the meetings of a representative body such as it is supposed to be. The relatively few responses from the various bureaux and their members, was very noticeable. How much of this is due to mere apathy, I am not prepared to say; though, however positively it might be affirmed, probably not many of us are without sin of this particular kind. I am informed that the various bureaux are made up without consultation with the appointees, and in many cases persons not even members of the Society are placed upon them. It cannot therefore be greatly wondered at, that so many lapses of duty are met with. If it were practicable to confer with those whose appointment was contemplated, especially, as chairman, in order to secure consent to co-operation beforehand, it seems to me that better results would be obtained. Then a time limitation should be set regulating the length of papers. Too many writers indulge in scarcely more than platitudes, using then many more words than would be required if it became necessary to "*boil it down*." It would seem too, that such a body should not be treated as a company of student under-

graduates in the elementary character of the matters brought before them and occupying valuable time which might be more profitably employed. One or two of the papers exemplified this fault. It is not the intention or desire of the writer, however, to be hypercritical or captious ; nor does he flatter himself that he could point out a more excellent way as regards the general management of the Society, that would surely stand the test of of trial. It is possible that the methods are the best under the circumstances, that can be devised ; and it is *certain* that the Homœopathic Medical Society of New York may and should be made a great power for the advancement of the cause it represents. It will, moreover, not be gainsayed that the twenty-ninth semi-annual meeting of the said Society proved, notwithstanding its shortcomings, one of profit and pleasure to all of its participants.

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#### MASSACHUSETTS SURGICAL AND GYNÆCOLOGICAL SOCIETY.

The Massachusetts Surgical and Gynæcological Society held their regular September session in Pilgrim Hall, Boston, Wednesday September 1st. The President Shadrach M. Cate, presiding. Papers were read upon the following subjects, viz: Pelvic Cellutitis, by D. B. Whittier, M. D., of Fitchburg, Mass. Pruritus Vulva, by Dr. F. A. Warner, Lowell. Splints and other appliances in Fracture Surgery, by T. Dwight Stow, M.D., Syracuse. N. Y. Chronic Synovitis, by E. Thompson, M. D., Newton, Upper Falls. Treatment of Carbuncle, by S. A. Sylvester, M.D., Newton Centre. Reports of a case of instantaneous death, by O. G. Ross, M.D., Revere, Mass.

There was a full attendance at this meeting, much interest manifested, the discussions following each paper were of more than ordinary interest. The annual meeting will be held on the 2d Wednesday in December.

## REVIEWS.

A TREATISE ON THE MEDICAL AND SURGICAL DISEASES OF WOMEN, WITH THEIR HOMŒOPATHIC TREATMENT. FULLY ILLUSTRATED. BY MORTON MONROE EATON, M.D., Cincinnati, O. Boericke & Tafel, Publishers, New York and Philadelphia.

In Eaton's Diseases of Women we have the result of another attempt to supply a text book on gynæcology.

Dr. Eaton gives his reasons for writing a book in the preface. Some of them are good. But he specifies certain puerperal diseases which are omitted both by Emmet and Thomas, and then he includes them in his own list. Here, we think, Dr. Eaton makes an error, as these affections properly belong to the obstetrician. Puerperal fever, phlebitis and mania are surely out of place in this volume.

His table of contents shows that he has taken a wide sweep as far as material goes, but it also shows very little attempt at classification.

Hydrometra, pruritus vulva, abscess, cyst, fibroids and polypi of the vagina, with prolapse of the ovary, are given as the contents of Chapter XXXV.

The author states that "he has spared no pains or expense to have his illustrations perfect and complete."

Upon scrutiny we find that his cuts of instruments, tables, etc., are all good, but those of anatomy and pathology are not so as a rule.

Some of the appliances pictured are hardly appropriate. Why should the pictures of faradic machines and of the sphygmograph be introduced? There are also two cuts of the operating table of Stohlmann, Pfarr & Co. The introductory chapter is a pretty fair one, though we are inclined to take exception to the statement, "that owing to the varying lengths of the vagina in different women, the position of the uterus that would be partial prolapse in one case, would in another be normal."

The chapter on General Diagnosis is well presented, but it is not exhaustive, and we fail to see why it was needful to introduce those three cases to establish the necessity for physical examination. And, even admitting the need, would it not have done just as well if the author had taken the cases from the practice of some brother physician? It would at least have been more modest, particularly as Dr. E. states that he does "not think a work on diseases of women should be much cumbered with the detail of cases;" wherein we agree with him heartily.

The subjects of menstrual disorders are well treated in the succeeding chapters, though here Dr. E. fails to give any particular directions as to how the dangers from the use of spongetents may be averted.

Chapters VII. to XI. treat of the inflammations of the female genitalia.

Undeterred by what has gone before, the author develops a new division of inflammation into

1. Acute.
2. Sub-acute.
3. Chronic-acute.
4. Chronic sub-acute.

The confusion in regard to the pathology of inflammation of the internal genital organs of the female is already so great that we do not think this effort will add much to it.

The author appears to have skipped one disease which has "itis" for a termination. We find no mention of adenitis.

He can find out all about it in Guerin.

The author avows that he may have hobbies, and says that the duty of pointing them out must be assigned to some one else. We will note a few to oblige him.

The most prominent hobby is a fondness for the detail of his own successful cases. Now, we have an idea that the failures would be far more instructive.

Another hobby is that of quoting and reviewing the work of Emmet. Quite a material fraction of the book is taken up in this way. Illustrations are introduced from Emmet's book which are illustrations of error according to the views of Dr. Eaton. He discredits Emmet's description of the spy-glass cervix.

We fancy that Dr. Eaton will one of these days regret that he wrote Chapter XV. of this book.

A great partiality for the local application of iodine, and also for the use of the Improved London Supporter, are noticeable in our friend's practice.

He also often uses the term "lady" when he means to speak of a woman, and he employs the word suspicion in its old and obsolete usage as an active verb.

The proof-reading must have been poorly done: "polycist" occurs several times: Muncie stands for Munick, Knott for Nott—and who may Leatherby be?

In the treatment of uterine hemorrhage the author advises one rather heroic remedy, "the injection into the cavity of the uterus of a quart or two of very warm water." Usually this would be rather difficult to carry out, and certainly of doubtful propriety, according to our view.

The article on diseases of the ovaries is unsatisfactory—suggestive of loose diagnosis ; and more cases are given.

The remarks on ovarian tumors are mainly from Peaslee, and consequently are sound.

We find no authority for the statement that the small multiple fibrous growths of the body and cervix are called vegetations of the endometrium. What is the condition of the life of the cervix when they "feel tender, hard," &c.?

The author does not consider sarcoma to be malignant. We incline to the opinion that this means poor diagnosis.

The article on pruritus is decidedly brief in the matter of treatment. No mention is made of that form which depends on senile endometritis.

The prolapse of the ovary referred to at p. 417 does not appear to be prolapse of the ovary at all.

Ten pages are devoted to the consideration of laceration of the cervix, and, as a pendant operation, is rejected.

Chapter XLVIII. is difficult of comprehension. Atmospheric pressure is called into the treatment of the uterus, but it is not plain how it is to be applied.

The quilled suture advised for laceration of the perinæum is not by any means the best.

The illustration of sub-involution is a very bad one.

While the book presents quite a number of objectionable features, it is at the same time the best of the text books on this subject as yet presented by the practitioners of our school.

We prefer it decidedly to the books of Ludlam and Hale for students' use. It does not come in competition with Eggert's at all, but it will not enable the physician to dispense with Emmet, Thomas, Barnes and Hewitt as works of reference. McD.

**THE SURGERY, SURGICAL PATHOLOGY AND SURGICAL ANATOMY OF THE FEMALE PELVIC ORGANS.** In a series of plates taken from Nature, with commentaries, notes and cases. By Henry Savage, M.D. Fellow of the Royal College of Surgeons of England, one of the Consulting Medical Officers of the Samaritan Hospital for Women. Third edition, revised and greatly extended. 32 plates and 22 wood engravings, with special illustrations of the operations on vesico-vaginal fistula, ovariectomy and perineal operations. New York. William Wood & Co. 27 Great Jones street. 1880, 8vo., pp. 129.

In a previous number of this journal we called particular attention to *Wood's Library of Standard Medical Authors* now in course of publication. The present volume is the sixth num-

ber issued this year, and although it is a small book, containing but 129 pages, it is the most valuable and interesting of the series yet published.

Those who are familiar with the large English edition of this work, costing, if we remember rightly, some twelve or fourteen dollars, will fully appreciate the liberality of the publishers in adding so valuable a volume to the library. The plates and cuts of the original work are all reproduced here in a most artistic manner, and to them are added thirty-six new wood engravings. These illustrations, though reduced in size, and uncolored, explain quite fully the surgical anatomy, and surgical pathology of the organs and parts that are constantly requiring attention at the hands of the gynecologist. The relations of all the various structures, blood-vessels, muscles, nerves, lymphatics and glands are beautifully brought out, and made comprehensible at a glance. The diagram representing the normal position of the uterus, and the relations of the pelvic organs resulting from a uterine prolapsus artificially produced conveys more accurate and satisfactory information than a whole chapter of dry text possibly could. The illustrations showing the chief varieties of perineal plastic surgery, for the radical cure of complete prolapsus uteri and lacerate perineum, exhibits the anatomy of the parts involved, the instruments required, and a detailed proceeding of the operation. He also represents by his cuts the removal of tumors connected with the uterus by gastrotomy, showing the whole operation from the first incision of the abdominal wall to the last stitch in closing up the same.

The operation for vesico-vaginal fistula is illustrated in all its details; the position of the patient, the operator and the assistant; the instruments required, and each step of procedure is well brought out and vividly presented to the eye.

Each page of illustration is accompanied by an explanatory text.

We know of no work upon the female pelvic organs and their diseases in which such accurate information can be obtained as from the illustrations and text of this little volume. Under each head we find histories of cases and practical commentaries, so short and concise that every word is remembered, and the picture of the trouble in all its details made clear to the mind.

**INDEX CATALOGUE OF THE LIBRARY OF THE SURGEON GENERAL'S OFFICE, U. S. ARMY. Vol. 1.**

The first volume of this general index has been received. It is a record in alphabetical order of Medical authors and subjects from A. to Berlinkski. This first volume, consisting of eight hundred and eighty-eight double columned pages, is in itself an immense work of classification, nevertheless it but faintly exhibits the gigantic work upon which Dr. Billings has been so long engaged. It is said that this immense compilation has been done at odd hours, when regular official business was not in order, and without extra compensation, simply as a labor of love. If this be so the doctor certainly deserves great credit for his patience and perseverance. This is a book that will be hailed with satisfaction by the medical scholars throughout the world. The profession at large should support this undertaking.

**A PRACTICAL TREATISE ON NASAL CATARRH.**—By Beverley Robinson, A.M., M.D.: Paris. Lecturer on Clinical Medicine at Bellevue Hospital Medical College, New York.; Physician to St. Luke's and Charity Hospitals, etc., etc. Wm. Wood & Co., N. Y.

This is a neat volume of 182 pages printed on good paper and illustrated by 56 admirable wood cuts. These illustrations exhibit in an exceedingly plain and simple manner all the various instruments and contrivances made use of in examinations of the nasal cavities. These illustrations also exhibit the most approved method of using the various mechanical appliances, for obtaining definite knowledge of the condition and extent of diseases invading the nasal passages.

The author says that nine-tenths of all nasal discharges have their origin in catarrhal inflammation of the nose. Chapter vii. contains under the lead of prophylaxis some interesting and instructive remarks. Care of the feet, cold bathing, friction and shampooing, clothing and temperature are the heads under which he has grouped no small amount of sound advice. The etiology, pathology and symptomatology of the various forms of coryza are set forth in language definite and concise, refreshing to those familiar with the subject and peculiarly instructive to the novice. The Therapeutical part of work contains nothing that would be of practical benefit to the homœopathist. Local application to diseases of the nasal cavities, is at best of doubtful utility to say the most, as these diseases almost invariably depend upon diathetic condition, constitutional treatment is the only method by which a permanent cure can be effected.



**A TREATISE ON THERAPEUTICS**—Translated by D. T. Lincoln, M. D. From the French of A. Trousseau, Professor of Therapeutics in the Faculty of Medicine of Paris, Physician to the Hotel Dieu, etc.; and H. Pidoux, member of Academy of Medicine, Honorary Physician to the Hospital, etc. Ninth edition, revised and enlarged with the assistance of Constantine Paul, Professor Agrégé in Faculty of Medicine of Paris. Physician to the Hospital Saint Antoine, Secrétaire-General of the Sociéte de Therapeutique, 2 vols.; vols. 5 and 7 of Wood's Library. Wm. Wood & Co., 27 Great Jones street, N. Y.

These volumes are a reprint from a former edition. The work has long been a standard one in the allopathic school and highly appreciated by the older members of that school. It contains much that is interesting and instructive to homœopathists, and we are of that number who believe that a better appreciation of our own *Materia Medica* will result from an extended and careful study of others, and therefore recommend our readers to secure and read it. The book is neatly bound in cloth; printed on good paper, and gotten up in the customary fine style of Wood & Co.'s publications in general.

**A TREATISE ON COMMON FORMS OF FUNCTIONAL NERVOUS DISEASES.** By L. Putzel, M.D.; Physician to the Clinic for Nervous Diseases, Bellevue Hospital, Out-door Department; Visiting Physician for Nervous Diseases, Randall's Island Hospital; Pathologist to the Lunatic Asylum, Blackwell's Island; Curator of the Charity Hospital, etc.

This admirable work of Dr. Putzel forms the ninth volume of Wood's Library of Standard Medical Authors, and presents a very interesting and instructive account of chorea; epilepsy, neuralgia and peripheral paralysis. Each of these disorders the author considers as "functional" derangements, that is, not dependent upon any primary anatomical change, or at least any which has, as yet, been made visible to the naked eye or the microscope. still, he admits, that possibly at some future time, we may find some pathological or structural basis for them; he suspects the changes in structure are of a molecular nature. Special attention has been given to the section on clinical history and diagnosis, as it is especially in the latter respect that mistakes are often made. Under each head are given illustrative clinical cases with practical commentaries so explicit and con-

cise that an imperishable picture of the disease under consideration is fastened in the reader's memory.

In treatment we see little that is new or that would interest the members of our school; the book, however, for its many good qualities deserves a place in the library of every homœopathic physician.

**DOCTOR, WHAT SHALL I EAT? A HAND-BOOK OF DIET IN DISEASE.** For the Profession and the People. By Charles Gatchell, M.D. Formerly Professor of the Theory and Practice of Medicine, University of Michigan. Duncan Brothers, Chicago.

This is a neat volume of 147 pages, and intended to supply physicians with a ready answer to the oft-asked question "What shall I eat?" This little book answers that question in a plain and practical manner. It is eminently a *practical* work on the subject of diet in disease. Physicians can conscientiously recommend this book to their patients, which is more than can be said of most books of similar pretensions.

**DISEASES OF THE PHARYNX, LARYNX AND TRACHEA.**—By Morell Mackenzie, M.D., Lond., Senior Physician to the Hospital for Diseases of the Throat and Chest: Lecturer on Diseases of the Throat at the London Hospital Medical College; and Corresponding Member of the Imperial Royal Society of Physicians of Vienna. Illustrated by 112 Fine Wood Engravings.

With clock-like regularity, volume after volume of Wood's Library of Standard Medical authors, puts in its monthly appearance, and at the same time sustains its standard of excellence for which it has become noted, each volume seems better than its predecessor. The ninth volume Diseases of the Pharynx, Larynx and Trachea, which reaches us too late for any extended notice, is from the pen of one of the best of English authors, and no doubt will receive a hearty welcome from the profession in America. The work is based partly on the course of lectures which Prof. Mackenzie has annually delivered at the London Hospital Medical College during the last twelve years, and partly on his essay on "Diseases of the Larynx," which took the Jacksonian prize, awarded by the Royal College of Surgeons of England. Some of the lectures have been published in the Medical journals of Great Britain, but the larger portion of the matter

contained in this volume is now published for the first time. The work is an exhaustive treatise of the subject to which it is devoted. The anatomy of the pharynx, larynx and trachea, together with all the various diseases and accidents to which these parts are liable are treated in an elaborate and scholarly manner. We heartily commend this book to all our readers.

**THERAPEUTIC KEY; OR PRACTICAL GUIDE FOR THE HOMŒOPATHIC TREATMENT OF DISEASES IN GENERAL** By J. D. Johnson, M.D. Author of "A Guide to Homœopathic Practice." Tenth edition, revised, improved and enlarged. Boericke & Tafel. New York and Philadelphia.

The fact that nine editions of this work have already been disposed of and the tenth called for, shows what estimation the profession has placed upon this little book. The volume before us is not simply a reprint of a former edition; the entire work has been re-written, and a large amount of new matter added to the original text. Many new and valuable remedies have been incorporated into it, and it is quite evident that the author has spent no little amount of painstaking labor in bringing it to its present state of completeness. A new and valuable feature of this last edition is, the practical hints on "diagnostics." This little book will be found of great practical value to the clinical student who may not have the opportunity of consulting any of our larger works on *materia medica*. We still adhere to the old-fashioned notion, that it is sometimes necessary, and often advisable, to refresh one's memory at the bedside of our patient, this work is admirably adapted for that purpose. On visiting a patient out of town, or far from one's library, a pocket companion of this kind might be of great assistance in helping us to arrive at a correct conclusion in regard to the preference of a remedy from two or more seemingly well indicated for the case under consideration. We are firm in the belief that a homœopathic physician should never be without a *materia medica* in his pocket, not to save his life from bullets, as the bible did the soldiers, but to save his patients from distress and death, when doubt and danger hovers near. We heartily commend all our readers to procure this little book of Dr. Johnson's. It is a "pocket companion" from which you can drink freely and imbibe fresh inspiration with every draught.

THE FEEDING AND MANAGEMENT OF INFANTS AND CHILDREN,  
AND THE HOMŒOPATHIC TREATMENT OF THEIR DISEASES.  
By T. C. DUNCAN, M.D., Author of "How to be Plump,"  
&c., &c. 12 mo., pp. 426. Chicago: Duncan Brothers.

THE subject of Dr. Duncan's volume is one of such absorbing interest to parents, nurses and guardians, that the appearance of a new treatise on it meets with a kindly welcome, whether it prove an important addition to domestic medical literature or not. Putting aside for a moment the merits of the author's venture, we observe that he has shown a high degree of courage in his theme, as it is worthy of note, that physicians have more frequently met their "Waterloo" in dealing with this subject than with any other. The reason of it is sufficiently obvious. The subject is one of such peculiar delicacy, requiring such a rare combination of tact and talent to deal with it well, that rarely more than one writer in a generation is found possessing the requisite qualifications. Dr. Andrew Combe, of Edinburgh, was that writer for the last generation; who he is in this, it does not yet appear.

Dr. Duncan's "Feeding and Management of Children" is a disappointment to us. Its pages show a greater paucity of ideas, weakness of illustration, want of literary taste and sensibility, and faults of grammatical construction than we were prepared for. The critic is met with these exasperating defects open the volume where he may. On page 174, for example, we find this curious piece of English: "The tendency towards [to] disease in the Swedes, Germans and inhabitants of Great Britain are [is] about the same with [as it is in] those of Canada and the Northern States," etc. Then, too, the author's sentences are often meaningless or misleading, or both, as, for example: "Children are not so much exposed [to abnormal influences] as they formerly were"—page 177. Again, on page 179, "A good pair of shoes is often more valuable [serviceable] than an overcoat." In the opening sentence of his preface the author commits an egregious solecism: "This work," he writes, "is a *collection of facts* relating to the *study*, feeding and management of infants and children. He often involves himself in needless contradictions, as, for example: "The author believes that many diseases are entirely avoidable [sic] and special pains is [have been] taken to point out the causes over which parents have absolute control." That is assuring, certainly; but he spoils it all in the next sentence by saying: "Nevertheless, children will get sick." Faulty grammar and involved sentences are of frequent occurrence in his pages. Take the following bit of nonsense as an example:

"As one or more of these ovum [ova] is given off by the ovaries every month, the character of the flow will help to decide the question whether such a person can have a child at all, and, also, whether it may [shall] be healthy. As other parts of the body may be developed by proper attention [training], so may this part, especially during the growing years [periods]." Page 35. To what part of the body, pray, does the author here refer? To the ova? to the flow? These are the *subjects* of which he makes mention; but, unfortunately, neither of them is "a part" of the body. But let us proceed: Abruptly changing the subject, as if a bright idea had suddenly struck him, he continues: "Much of the charge of crime [how much?] that is *heaped* upon American women is a false accusation,"—meaning, probably, that much of the crime of abortion, *charged* upon American women, is false. If the charge has been made, it is undoubtedly false. But why interject such a sentence in such a place?

The author does not undervalue the importance of his work: "To the many professional friends and noble mothers who have kindly contributed practical facts [suggestions] for the amelioration of suffering little ones—the gratitude of thousands will be their reward." The author evidently anticipates a large sale of his volume, as well as an enthusiastic appreciation of its contents. Nevertheless, he makes this gratuitous admission, which goes without saying, as the French say: "Could another decade be [have been] spent in collecting material, the value of the work would be greatly enhanced." And then he adds: "But the urgency [impatience] of those who have waited long will [would] not permit [it]," that is, the "thousands" who are to have grateful hearts on the publication of the book. The defects of grammar of this clause are only equalled by the sufficiency of the author's conceit.

Indulgence in gratuitous, self-evident propositions and redundancies of expression is a common fault of this author: "A child is the most helpless of all new-born creatures," he observes. Page 21. "Within doors the climate effect may be so modified that vigorous childhood may be ensured." Page 173. That is to say, the nursery can be warmed in cold weather by making a fire in it. On the same page we find the following astonishing statement: "If it is ever remembered that more than 80 per cent. of the infant body is water, and that it must have this amount for a healthy development, there need be little difficulty in maintaining a plump, healthy body in any climate"—certainly not in this latitude for want of water. Here is another precious piece of redundancy: "The *traditions* of mother's marks *that were handed down* from generations," page 39. On page 192, we are treated to the following amazing piece of information: "Epidemics vary much

in their intensity, being occasionally very mild, and at other times very severe." In speaking of the rearing of children the author sagely says, that "such a being can [ought only to be] only be entrusted to the most intelligent of all earthly creatures—meaning, mothers, we suppose. "To mould such a life," the author continues, "to its [into the proportion of the] highest physical [and mental], mental and *moral* development is a maternal mission," page 21. Fathers will be delighted to know that. But why make a distinction between "mental" and "moral" in such a connection? Such redundancies as "grow and develop," "skilful and competent," "healthy and well," "manage and train," "examination, comparison and thought," "topographical data, as well as recorded observations," etc.—all literary barbarisms of the worst type, occur without number in his pages.

Critical discernment is everywhere absent from the author's rhetoric. He refers to "the national constitution," meaning, not the Constitution of the United States of America, but national peculiarities of people, page 173. On page 69 a new discovery is announced, namely, that some children are acid and others alkaline! "For ten years," he says, "I have studied this division [classification] of children, and find [have found] it a very valuable useful one." "Alkaline" children are fleshy, and "acid" children are lean—according to this medical light of the great West.

Let no one conclude from these criticisms that Dr. Duncan's book is altogether devoid of merit. It is not a bad book, by any means, but it is a weak and faulty book. The elements of judicious suggestions and absurd observations are mixed in about equal proportions in its pages. For ourselves, we wish the book had been written by a member of the old school of medicine, not only for the delight it would then have given us to review it, but because the homœopathic school of medicine has been afflicted with this kind of literature as much as it can well bear. The author of this weak attempt to enlighten the "noble mothers" of America seems to be oblivious of the two indispensable conditions of reputable authorship, namely: first, that the writer have something of importance to say; and, second, that he know how to say it.

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## BOOKS RECEIVED.

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TRANSACTIONS OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.  
Sessions of 1879 and 1880.

CLINICAL THERAPEUTICS.—By Temple S. Hoyne, A.M., M.D.  
Volume II. Parts ix. and x.

**REPERTORY TO THE MODALITIES.**—In their relations to Temperature, Air, Water, Winds, Weather and Seasons. Based mainly upon Hering's Condensed Materia Medica, with additions from Allen, Lippe and Hale. Compiled and arranged by Samuel Worcester, M.D., Salem, Mass. Published by Bæricke & Tafel. New York and Philadelphia.

**IS CONSUMPTION CONTAGIOUS, and can it be Transmitted by Means of Food.** By Herbert C. Clapp, A.M., M.D., Boston: Otis Clapp & Son, pp. 180.

**CUTANEOUS AND VENEREAL MEMORANDA.**—By Henry G. Piffard, A.M., M.D., and Geo. Henry Fox, A.M., M.D. Second edition. Wm. Wood & Co., N. Y.

**OPHTHALMIC AND OTIC MEMORANDA.**—By D. V. St. John Roosa, M.D., and Edward T. Ely, M.D. Revised Edition. Wm. Wood & Co., N. Y.

**A TREATISE ON DIPHTHERIA.**—By A. Jacobi, M.D. Wm. Wood & Co., N. Y.

**A PRACTICAL TREATISE ON SURGICAL DIAGNOSIS.** Designed as a Manual for Practitioners. By Ambrose L. Ranney, A.M., M.D. Second edition. Wm. Wood & Co., N. Y.

**NEW TREATMENT OF DISEASES.**—By Dr. Schuller.

This book is for sale by Gavin Houston, 42 Beekman street, New York. It is copyrighted by Henry R. Stiles. Dr. Stiles of Dundee, Scotland, we suppose, formerly of the Middletown Asylum this State.

## ABSTRACTS.

—**UTERINE PHLEBITIS** appears from the fifth to twelfth day or later. Chill followed by complete apyrexia, but soon removed. Pain absent or slight, and deeply seated, at the level of the uterine cornua. Pulse strong, full and dicrotic, of variable course. Temperature normal at certain hours of the day, showed a marked rise during accession of fever. Face sub-icteric; delirium and restlessness. Recovery rare.

—**UTERINE LYMPHANGITIS** appears shortly after delivery. Single chill, moderate or absent, sometimes before chill. Pain limited by the burden of the uterus. Continuous febrile state follows chill. Temperature ranges from 104° to 105.8° F. Face animated; eyes brilliant: cheeks red, later shrivelled; eyes sunken. Expression dull, when tympanitis, vomiting, and peritonitis supervene. The peritoneal symptoms now mark the former. Death often in seven or eight days.—*New York Medical Journal.*

—**USE OF THE PERINÆUM.**—Dr. T. Gaillard Thomas regards the perinæum as useful in sustaining the anterior rectal wall and posterior vaginal wall. He describes it as a wedge-shaped body acting as a keystone in preventing a destruction of the equilibrium of the pelvic organs. In health the vagina, instead of constituting an open canal, is a collapsed tube, its anterior wall lying directly upon its posterior. Its curve is double; the first a decided bend from behind forwards, then a lesser one downwards and slightly backwards; its second a slight curve from above downwards and backwards. Instead of being a flat surface, consisting of skin, areolar tissue, etc., filling the space between the anus and vulva, the perinæum was described as a triangular body, composed of strong layers of adipose and elastic tissue, etc.

At its upper portion the vagina is furnished with a depression which receives and supports the cervix uteri. During the discussion of Dr. Thomas' paper, objection was raised to the keystone action of the perinæum, and Dr. Thomas replied that he had submitted the view to two engineers, both of whom admitted that it was the keystone of an arch, upon which the lateral portions rested.—*Hahnemanian Monthly*, May, 1880.

—**BIRTH OF A LIVING FŒTUS COVERED WITH VARIOLOID PUSTULES.**—At a recent meeting of the Paris Academy of Medicine, M. Léon Labbé presented a specimen, consisting of a fœtus of about six months, which had been expelled in a living condition, and was found to be covered with pustules of small-pox. The mother had been vaccinated and had never had an attack of varioloid. The "umbilicated" pustules seemed to have attained about the seventh day of development at the birth of the fœtus, which died after a few hours. M. Labbé called attention to an important point in connection with the etiology of the disease in this instance. He called to mind the fact that conception had apparently taken place in December, at a time when the father of the child was suffering from varioloid.—*Med. Rec.*

—**A THOUSAND OVARIOTOMIES.**—On June 11th, Mr. Spencer Wells performed ovariectomy for the one thousandth time. Out of his first 500 cases, 127 died; a mortality of 25.4 per cent. Of the next 300 cases, 77 died, giving a mortality of 25.6 per cent. Of the next 100 cases 17 per cent. died; and of the last 100 cases 11 per cent. died. Mr. Wells began to use antiseptic precautions shortly before the beginning of the last 100 cases. The grand total of all the operations gives 768 recoveries and 230 deaths. According to certain calculations made on the basis of life insurance expectancy, 22,272 years of human life have been added to society by the direct agency of Mr. Wells.—*Medical Record*, August, 1880.



—PHLEGMASIA ALBA DOLENS, so long as it remains hard, should never be treated with friction, least a portion of the thrombus become detached and enter the circulation.—*N. Y. Med. Record*.

**APPARATUS FOR THE REDUCTION OF UTERINE DISPLACEMENTS.**—Dr. Verrier of Paris describes a device for securing instantaneous reduction of uterine displacements, which he has employed with success in a number of cases. It consists of a seat with stirrups, and a movable back which can be let down until its upper border touches the floor, so as to form any desired angle with the seat. The back is supported by two strong wire springs, which above are attached to a bar of wood secured to the ceiling of the room. To the centre of this bar is also secured a lever of the first order, and by means of a cord attached to its long arm the patient can let herself down and raise herself up without the slightest jarring of the body. It is in this employment of the lever that the chief advantage of the apparatus lies. It is a well known fact, that in the reduction of malpositions of the uterus, great assistance is derived from raising the patient's hips sufficiently to take the weight of the intestines and viscera off the uterus, but the advantage is often lost by the jarring of the body in the effort to regain the natural position. This jarring is of itself often sufficient to reproduce displacement. Dr. Verrier claims that the use of the lever in his apparatus entirely prevents the jarring, and that, when the body is raised quietly and gently with its help, the intestines fall into their natural position in front of and behind the replaced uterus, and aid in retaining it in position. The apparatus is, of course, only intended for use in cases uncomplicated by adhesions or peritoneal thickening from previous inflammation.—*Gazette Obstetricale*, June, 1880.

—A CASE OF SPURIOUS HERMAPHRODISM.—By B. F. BETTS, M.D.—The subject of this report was of German birth, aged about 45 years, bore sufficient resemblance to a female to pass for one until about ten years ago; and when at the age of eighteen or twenty had an accepted lover, a male, from whom he received attentions for some time.

Whilst employed as a domestic in Germany, the constant opportunities afforded for noticing the conformation of females in the same apartments led to the discovery that their genital organs were differently constructed from his own, and that his sexual appetite was awakened by cohabiting with females, and that by the introduction of a small penis-like body about one inch in length he was enabled to accomplish the act of venery with a considerable degree of satisfaction.

This led to a change of apparel and a contract of marriage with one of his former companions, with whom he lived in the capacity of husband for seven years, until she left him and sought a divorce on account of his deformity. He was again married, and, along with his present wife, came to the Hahnemann College of Philadelphia. There he was carefully examined by several physicians.

When dressed in man's apparel he appeared as a man. When dressed in woman's clothing his appearance was that of a coarse-featured woman. Upon close inspection, however, one eye was found to be smaller and milder-looking than the other, the cheek-bone on that side was less prominent, the side of the face was smoother, and altogether effeminate looking.

The mammæ were both as large as those of many nursing women, but unequally developed, the largest one being on the side corresponding to the effeminate side of the face. The areola was well marked, and nipples prominent. The mons veneris was covered with hair, which pointed but slightly upward toward the umbilicus. At first view there was no sign of anything but a cleft below this resembling the vulva cleft, one side of which seemed to be more prominent than the other. This side was found to contain a testicle, which is said to have descended at about the twenty-fifth year.

By separating the cleft a diminutive penis came into view in about the usual position for the clitoris. A close examination of this projecting body revealed the fact that the corpora cavernosa, glans, and prepuce were all present, but that the corpus spongiosum was entirely absent. The urethra opened directly beneath the pubic arch as in the female.

Owing to the absence of the corpus spongiosum and bulb a depression seemed to exist near the orifice of the urethra into which the finger could be inserted for some distance, and there appeared to be an arrangement of muscular fibres similar to a constrictor muscle. Underneath the skin, folds, corresponding to the labia minora, were plainly seen, which were lined by mucus-secreting follicles.

No menstrual discharge had ever occurred; but semen was emitted from the urethra, too far back, however, to gain entrance into the vagina of the female.

The case was evidently one of complete hypospadias, with cleft of the scrotum, and contributes indirectly to the study of the formation of the genital organs in the embryo.—*Trans. Penn. Hom. Med. Soc.*

—DIFFICULT DISTINCTION OF SEX.—Dr. A. Sippel (*Archiv f. Gynak*) found, in a new-born child, two fatty cushions on either

side of the median line, which resembled as much labia majora as the sides of a scrotum. Between them was a curved thick penis, or enormous clitoris, two cm. long, one cm. thick. This was covered with membrane below, and had a glans which was covered, except the point, by a sort of prepuce. On this glans was a projection, from which a tubular opening led to the bladder. There were no labia minora, no vagina, no testicles. Per rectum one discovered a hard round body like a prostate. Diagnosis: genus masculinum with cryptorchy. At the age of three and a half weeks the child died. At the autopsy there were found a uterus, ovaries, tubes, vagina, lig. lata and rotunda. The uterus was small, but showed a cervix and normal portio vaginalis. The vagina was cord-like, and opened into the apparent urethra.—*Am. Jour. of Obs.*

—WITHOUT ANUS OR PENIS FOR FIFTY YEARS.—Dr. Wheeler mentioned, at the meeting of the Surgical Society of Ireland, February 13th, a case recorded by Bartholin, in which there was neither anus nor penis, and all the ingesta were returned by the mouth for more than fifty years.—*Exchange.*

—MEASLES NOT A TRIVIAL DISEASE.—Extracts from a Report on the Present Epidemic in Brooklyn and its Treatment by the Board of Health, by J H Raymond, M.D., Sanitary Superintendent.—Since January 1, 1880, there have been 1,864 cases of measles reported to the Brooklyn Health Department; this is probably less than half the number which has actually occurred. During the same time there have been 73 deaths from the same disease, while during the entire year 1879, measles caused but 40 deaths; should the present rate of mortality continue throughout the year the record will show 240 deaths from measles for the twelve months of 1880. While measles has thus far caused 82 deaths, there have been but 65 deaths from scarlet fever.

It is a common impression that measles is a trivial disease which every child must have at some period of its life; that the younger he is the more mild the attack, and therefore the sooner he has it the better; that having once been attacked he is protected for the future; that if the disease is not contracted in the usual way, children should be taken where the disease exists and exposed to it; that all attempts to isolate patients suffering from the affection or to prevent their return to school or other public assemblages as soon as they are able to go are harsh and arbitrary measures, and not based on good and sufficient reasons; and finally, that as the disease can only be conveyed by the sick person himself, there can be no danger from clothing, bedding, or other material which has been in the same room with the patient or upon his body, and therefore disinfection and fumiga-

tion of these articles, and of the rooms occupied by him during his illness, are useless and unnecessary.

This is, we are satisfied, the popular opinion, and we have reason to believe that some physicians hold the same views. One of these latter, a representative of the class, writes that he thinks measles is a disease that is rather more desirable to have than to avoid; and he does not suppose that isolation of the patient is at all advisable. From practical local observation and careful investigation of the subject, together with the experience of Brooklyn physicians obtained from their answers to a series of questions sent them by the Board of Health and appended hereto, we believe that the general impressions already referred to are entirely erroneous, and if permitted to go uncontradicted, liable to do great harm and injury, even to the degree of sacrificing human life.

\* \* \* \* \*

In view of the facts that measles is at the present time epidemic in Brooklyn; that it has already in 1880, as stated above, caused 73 deaths, while during the whole of 1879 there were but 40 deaths; that it is "one of the most virulently contagious of diseases" (Bristow); that "its contagiousness is fully developed at a very early stage of the disease \* \* before the specific nature of the attack is revealed" (Bristow); that it is conveyed by fomites; that "persons contract the disease from the miasm adherent to the clothes of those who have recently visited rubeolous patients" (Flint); or "from clothes sent home in boxes from schools where the disease has raged" (Aitken); "that no person can remain in the same room, or even in the same house, with an infected person, without hazard of taking the disease" (Aitken); that one attack does not render a person non-susceptible; "that the measures necessary to prevent the spreading of it are similar to those to be employed in the case of small-pox" (Cameron). In view of those facts, the Board of Health, under the Code of Sanitary Ordinances, directs the exclusion from school of all children living in a house where measles exist, and prohibits their return until the case is well, and the premises fumigated with sulphur.

The following is a series of questions sent to the physicians of Brooklyn by the Board of Health, and an analysis of 155 responses received thereto:

Is measles, in your opinion, highly contagious?

139 physicians answer, Yes. 15 answer, No. 1 answers, moderately so.

Is it, in your opinion, more or less contagious than scarlet fever?

60 answer, More. 46, Less. 45, Equally contagious.

Is it, in your opinion, conveyed by fomites ?

88 answer, Yes. 36, No. 20, Undecided.

Is measles, at the present time, in your practice, unusually malignant ?

14 answer, Yes. 124, No. 12, Severe.

How many cases have you had in which diphtheria has super-vened upon measles ?

54 such cases are reported.

In how many instances, *under your own observation*, has measles attacked the same person more than once ? or more than twice ? and at what intervals ?

210 second attacks are reported, and 7 third attacks. The intervals vary between two weeks and twenty-eight years; the usual interval being about three years.

Have these recurrences been severe, or have the prior attacks apparently modified them ?

36 answer, Recurrences more severe than the first attacks. 130, Recurrences have not been modified. 30, Recurrences have been modified.

#### COMPLICATIONS IN 59 DEATHS REGISTERED AS MEASLES.

| Nervous.          |              | Pulmonary.              |    | Intestinal.    |   |
|-------------------|--------------|-------------------------|----|----------------|---|
| Meningitis and    | } .. 6       | Congestion of the lungs | 3  | Dysentery..... | 2 |
| Hydrocephalus     |              | Pulmonary Apoplexy      | 1  |                |   |
| Convulsions.....  | 13           | Bronchitis .....        | 9  |                |   |
| Congestion of the | brain..... 2 | Pneumonia.....          | 18 |                |   |
|                   |              | Laryngitis .....        | 5  |                |   |
| Total, 59...      |              | 21                      | 36 |                | 2 |

In addition to the above, 14 deaths were reported as due to measles without any complications.

The following deaths not being caused directly by either measles or its complications, were not registered as due to measles, and do not appear in the above table, although they were certified by the attending physicians as having measles as an inter-current affection :

Meningitis, 1 ; convulsions, 4 ; pneumonia, 2 ; bronchitis, 2 ; diphtheria, 4 ; pulmonary congestion, 1 ; dysentery, 1 ; scarlet fever, 2—17.

#### ACTION OF THE BOARD OF HEALTH.

Measles being at the present time so prevalent in the City of Brooklyn, and its mortality since January 1st, 1880, so great, the Board of Health has included this disease in the same category with scarlet fever and diphtheria, and requires the following action :

1. Reports to be made to the Health office by physicians, of all cases coming under their care.

2. The exclusion of the sick and others residing in the same house, from the schools of the city, both public and private, until a permit for their return is obtained from the Board of Health.

3. These permits to be given when the patient is no longer in condition to spread the disease, and when the rooms, clothing, and other infected materials have been properly fumigated.

4. The fumigation prescribed by the Board of Health is by the burning, for five hours, of sulphur, one pound to each thousand cubic feet of space to be fumigated, the apartment being tightly closed.

5. Certificates of physicians that these requirements have been fulfilled will be sufficient evidence, and on their presentation to a sanitary inspector or at the office of the Board of Health, the school permit will be at once issued.

—THE EPIDEMIC OF MEASLES IN LONDON.—As the result of a personal analysis of twelve cases of measles, Dr. W. B. Cheadle arrived at the following conclusions: No immunity is offered by a previous attack of the disease. Nine of the patients had the disease previously, eight within a year. Coryza was very slight, as also the sneezing. The laryngeal catarrh was severe, and the cough very violent and incessant at the height of the attack. Another prominent feature, commencing with the first symptoms and lasting until the decline of the eruption, was vomiting, said to be due to the specific poison, and not to the cough. The eruption was profuse, more raised and papular than is usual, and confluent in patches on the face and extremities. Severe ear-ache supervened on the fourth and fifth day after the appearance of the eruption, lasting several hours, and disappeared with the discharge or other signs of otitis. As to the recurrence in the same individuals, Dr. Cheadle asks whether there may not be two distinct diseases, each of which confer immunity from a second attack of the same variety, while affording no protection against the other.—*Brit. Med. Jour.* Dec. '79.

—AN ADDITION TO THE STATISTICS OF MEASLES.—Dr. Richard Pott has prepared some statistics from an epidemic of measles which occurred in Halle, and has arranged them so systematically that they offer considerable interest. Out of 844 cases, occurring between July and November, 24 died, or about 3%. Of these 17 died from complicating pneumonia, 4 from capillary bronchitis, and 3 from croup. The epidemic spread particularly in crowded houses, and in one part of the city, far removed from where the first cases occurred, although there were no cases till September, yet the number of cases was greater than in the districts where it first appeared. Boys and girls were attacked in about equal numbers. There were 34 children under one year

of age and only three adults. These three had never had measles. In five cases, the patients had had the disease once before. In nine cases it was preceded by pertussis. The prodromal symptoms were usually classical. As deviations may be mentioned, 20 cases with violent prodromal angina, 16 with epistaxis—one death—and 35 with emesis. Morbilli sine exanthemata was seen in six cases. Abnormalities in the eruption were observed as follows: Confluent, 29 cases; miliary, 15 cases; hæmorrhagic, 14 cases.

As complications there were 41 cases of marked laryngitis, 6 cases of croup (of which 3 died in one house), 30 cases of lobular (catarrhal) pneumonia, and 13 cases of lobar (croupous) pneumonia. In 61 cases there was sharp diarrhœa. Typhoid condition in 15 cases. As sequelæ were two cases of ozena, 17 of chronic opthalmia, 17 of otitis, 17 of laryngitis and chronic bronchitis, 9 of pneumonia, 3 of tuberculosis, 1 of diphtheritis, and one of parotitis. The whole number of polyclinical patients for the year was 8,624, of which 981 were cases of measles, or about one-ninth. Dr P. closes his article by tables given to show the relation existing between measles, meningitis tuberculosa and pertussis, from which he concludes that epidemics of meningitis tuberculosa occur either during or immediately after epidemics of measles, while pertussis often precedes them.—*Am. Obs. Jour.*

—MEASLES.—After a recent epidemic of measles in Dartmouth College, the following facts were elicited: eighty per cent. of the students are from New England, the rest from all parts of the country. The average of entrance is nineteen and a half. The number replying to questions was 258. Of these 213 or 82 per cent. had had it before entering; and six had wholly escaped, so far as they knew.

—MEMBRANOUS DYSMENORRHEA.—Mrs. M., æt. 24, had been married three years, no children. Menstruated too often and altogether too long and too much, and usually wound up with a great deal of pain and discharge of a membranous cast of the uterus, size of an orange. There is nothing new that I have to report concerning this case, except the remedy that cured it, and the manner of preparation. After having exhausted what little knowledge I then possessed without benefiting her but slightly, an old Dutchman gave her a small bundle of yarrow and ordered a decoction to be made, of which she drank freely during a few days, and was perfectly well afterwards for four months. She saying except for seeing the flow she would not know she was "unwell." A repetition of the remedy cured her, and she

has remained well ever since, a period of five years. Yarrow is the vulgar name for achillea millefolium. The remedies I prescribed that did the most good were thuja and xanthox.—I. H. Dix, M. D., *Cincinnati Medical Advance*.

—CASE OF SUDDEN DEATH DURING INJECTION OF THE UTERUS WITH PERCHLORIDE OF IRON.—G. Ernest Herman, M.B., and F. Gordon Brown, M.R.C.S., of London, attended a woman, 24 years old, in her second labor, which was natural. But after the expulsion of the labor, the uterus did not properly contract, and there was free hemorrhage, which was arrested by grasping the uterus; but to maintain the uterine contraction, Mr. Brown was obliged to keep his hand continually on the uterus. A solution of the perchloride of iron (about one part to six of water) was then injected into the uterus with a Higginson's syringe. At the time of the injection, the patient, although very anæmic, was yet not in apparent immediate danger of death. After the first syringe-ful or two had been sent up, the patient seemed a little uneasy; but she said the injection did not cause much pain, and the injection was continued. After a few more syringe-fuls, she gave a faint cry, threw up her arms, turned pale, gasped for breath; the wrist pulse could no longer be felt; a few sighing inspirations followed, and then she was dead. Permission to make an autopsy was refused. Is not a sponge or a swab a safer means of applying the remedy in a recently delivered uterus? *Obstet. Jour. Great Britain and Ireland*.

—DYSMENORRŒA; LEUCORRŒA.—Creosotum; Aralia.—Patient a ruddy blonde, tall, full habit, æt. twenty-two, unmarried. Has always suffered much at menstrual period; and for many years has been troubled with profuse leucorrhœa. Menses too early, profuse and long lasting, color dark with very fetid odor; marked nausea and prostration during first two days with heavy pains through uterus and coccyx; leucorrhœa of a yellow white; quite thick, very four odor and just before menses. Cal. carb. was given without benefit; after a more thorough study of the case, Kreosotum 30th was prescribed on Jan. 4th.

Patient reported on 30th of the month. Menses still early and profuse, but some decrease of nausea and bad odor. Ordered no medicine to be taken until within ten days of next menstrual period, the same drug to be resumed. Reported Feb. 21st. Menses three days earlier, decrease of quantity of pain and odor. Prescribed Kreosotum 200th, to be taken every other day through the month. Patient reported again in March. Menses one day earlier, little pain, no nausea, bad odor almost gone. Kreosotum 500th, once per week. Reported May 1st. Menses normal; but still no change in leucorrhœa, which troubled her very much.



For this condition *Aralia rac.* was given, with most gratifying results; the patient having now been perfectly free from all menstrual and uterine disorder for many months.

— OVARIAN NEURALGIA — Macrotine 1x. — Miss C. S., æt. twenty-three. Face pale, hands and feet cold, hand tremulous; complains of great pain and soreness in a small spot, just left of the spine in lumbar region; this pain frequently passes forward, through the left ovary and down the thigh to the knee; severe pain in head, extending from orbital region to vertex; no appetite, nausea even after small quantity of food; is losing flesh very rapidly and feels exhausted, and *very irritable*; the pain in back is intolerable at night, and all symptoms increased at menstrual period; menses regular and normal in appearance. Examination revealed marked tenderness of the left ovary, but no uterine displacement. Cham. 200th made no impression, and later *aceta rac.* was used with same result; but after the selection of macrotine 1x, relief was obtained in less than forty-eight hours. This condition not being permanent, the sixth decimal of the same drug was given, and patient soon restored to health, with no return of the pain even at menstrual period.

— CHRONIC CONSTIPATION. — Lach. 30th. — Miss N. B., dark, swathy complexion; dull, sluggish temperament, has suffered from constipation for fifteen years. Careful inquiry elicited no characteristic system except "every thing tastes sour to me, food becomes violently acid as soon as it reaches the stomach." Remembering this symptom as marked in many provings of lach., I gave lach. 30th, to be taken three times per day for a week. At the end of the week, patient reported bowels regular. Four months have now passed with no return of old trouble.

— MORNING SICKNESS. — Phos. 20th. — Mrs. M. P., æt. twenty-eight. Has had four children, is now three months pregnant; suffers every morning as soon as she rises with violent vomiting. During pregnancy *is never* able to drink water, *even the sight of it causing nausea and vomiting; must close her eyes while bathing.* Phos. 30th, was prescribed to be taken three times per day. After four days patient reported as follows: no nausea from drinking, no vomiting on rising, and no discomforts from the morning ablutions. Marked improvement was noted before six doses of the remedy had been taken.—*Cincinnati Medical Advance.*

—EPILEPSY CURED BY REMOVAL OF THE OVARIES.—A woman, thirty-six years of age, had been afflicted with epileptic convulsions from the time of the first appearance of her menses,

when she was in her sixteenth year. These had increased in number and in force the older she grew, until her life became so unbearable that she looked forward to death as a happy release. She was treated in all kinds of ways, even to having her teeth drawn, under the mistaken idea of nerve stretching. Her convulsions came on her at each return of the menses, and finally came as frequent as sixteen in twenty-four hours. Some place in North Germany she became impressed with the idea that her ovaries were at fault; she then came here, and placing herself under Dr. Baun's care, told him to take out the ovaries. He at first demurred—told her of the dangers, etc. She replied she would take the risk. She preferred death to living any longer such a life. The big fat doctor said all right, and in less time than it takes to tell it he took the ovaries out, and since the little woman has had no fit. She has gone home very happy, feeling like she was a girl again. Close examination showed the ovaries somewhat diseased.—*Cincinnati Lancet and Clinic*.

—BOZEMAN'S PLAN OF TREATING UTERINE DISPLACEMENTS AND ADHESIONS BY THE CARBOLIZED COTTON TAMPON.—The rationale of this plan of treatment, as given by Dr. Rudolf Tauszky, of New York, is as follows: "The vagina is elongated and put somewhat upon a gentle stretch, the rugæ become smoothed out, the fornix vaginæ is elevated in the pelvis; the adherent uterus, ovary, etc., are supported from below upward by the soft cushion thus applied; the blood-vessels are relieved from distention and their hyperæmic state, the plexuses and nerve filaments are also thereby relieved from direct pressure from the enlarged, fixed and displaced womb and the surrounding, often accompanying, exudation which, if within the ligaments, may be gently and gradually moved. The cautiously exerted pressure through the column of the cotton in the vagina acts as a stimulus to the lymphatics, and promotes absorption of liquified peri-uterine exudations. The bladder also being supported by the tampon, is more readily emptied than before, and often the great distress of painful and frequent micturition is greatly lessened. It is hardly necessary to state that each tampon has a string attached to it, for the purpose of its easier removal. The tampon remains for forty-eight hours usually, when the vaginal douche is used and the tampon reapplied."—*Medical Herald*.

—MISCARRIAGE AND DEATH RESULTING FROM INFLAMMATION AND SUPPURATION CAUSED BY THE PRESENCE OF MEDICINAL SUBSTANCES IMBEDDED IN THE WALLS OF THE APPENDIX VERMIFORMIS.—Mrs. B., entered the hospital July 27, complaining of uterine pains, threatened abortion, and pain in the left hypochondriac

space. It was supposed that she had suffered from injury. The treatment, which was only palliative, to prevent the threatened miscarriage, consisted in the most part in enjoining rest and giving opiates. She was delivered of a five months' fœtus within three days after her admission, and died very suddenly and unexpectedly in 14 hours afterwards.

Inflammation of the omentum and intestines was found to exist, and a large quantity of purulent fluid in the abdominal cavity, with deposits of plastic lymph. The purulent fluid was found to proceed from an abscess existing in the walls of the appendix vermiformis at the point where she had complained of pain upon admission.

Five or six hardened pills (none of which were administered in this hospital) were found imbedded in the walls of the appendix, and the irritation caused by these seemed to furnish the only plausible explanation of the ulcerative inflammation which produced her death. There were no marks of injury external nor internal.—*North Carolina Medical Journal*, Dec., 1879.

—**HYSTERIA IN BOYS.**—Dr. Wm. Roberts reports four cases of hysterical seizures occurring in boys, and says it is curious to note the almost uniform reluctance of writers to designate such cases by their right names. He himself had made the same mistake some years ago, in publishing the account of a boy, whom he should not now hesitate to call an example of hysterical feigning, under the anomalous title of "Motiveless Simulation of Disease." Dr. Russel Reynolds has recorded an exquisite case of hysterical paralysis in a boy, under the head of "Paralysis Dependent on Idea." Even Dr. Wilks, though he devotes a subsection to "Hysteria in Boys" in his recent lectures on nervous diseases, has evidently not the courage of his opinions; for, under the head of "Tetanilla," he reports a case of convulsive disorder in a boy, which, if it had occurred in a young woman, he would not have hesitated to call hysterical. Dr. Roberts desires to remind us of the oft-forgotten fact that hysteria is neither a disease of a particular organ nor of one sex. The affection can be detected in boys as in women, by remembering that hysteria, although it imitates every neurotic disorder, imitates it imperfectly. For example: In one of Dr. Roberts' cases, the history and symptoms were that a week previously the boy, a healthy lad of eleven years, was walking to church with his parents, when the father slightly chided him because he appeared to be turning in his toes. The boy thereupon began to limp, and seemed so lame on returning from church that the family physician was sent for. This gentleman found the patient lying on a couch, with the left foot strongly flexed inward, as in an extreme

case of talipes varus. A splint was applied, but without benefit. When Dr. Roberts saw the case, the same condition existed, the foot being strongly flexed in spite of the splint, and no effort, even taking the boy unawares, had the slightest effect. The child was a very healthy, well-grown lad, and the father said he had "no nonsense about him." Yet Dr. R. was able to elicit that he was fidgety, and at times displayed a certain muscular restlessness. But there had never been any pain, fever, convulsions, paralysis, nor any of the associated symptoms of talipes, and the boy slept and ate well. The splint was removed, the boy dressed and brought down stairs, told confidently that he would very soon join his comrades in play, and encouraged to use the foot. The result was that he was absolutely well in twenty-four hours.—*Practitioner*, Nov., 1879.

—HYSTERIA—VASO-MOTOR AFFECTIONS.—M. Dujardin-Beaumez (*Le Prog. Méd.*) called the attention of the society to a woman in whom the least touch of the skin provoked immediately the appearance of an eruption analogous to that of urticaria. Characters or designs traced upon the skin with the finger took on an eruptive character, and this eruption remained during four or five hours. The temperature in these places was higher than in the surrounding parts. M. Vulpian had noticed a similar fact in a non-hysteric man. In another hysterical patient, M. Dujardin-Beaumez noticed the same phenomenon follow from the application of a magnet or punctures. After an interval the eruption enlarged, and presented in a marked manner the characteristics of clusters of urticaria. M. Constantine Paul had noticed in one patient an alternation between the urticaria eruptions and intense hepatic pain. It is reasonable to suppose that there were produced, about the liver, vaso-motor troubles similar to those upon the skin.

—CARIES OF THE ANKLE IN CHILDREN.—The result of expectant treatment from a study of thirty cases. Dr. V. B. Gibney of the Hospital for the Ruptured and Crippled, New York, has in the *Amer. Jour. of Obs.*—April, 1880—an exceedingly interesting paper on the above subject. "If a joint is inflamed, entire rest is ordered; if abscess form, it is opened; if loose bone be detected, it is simply removed as if it were a foreign body interfering with the process of healing; if, in the further progress of the case, malposition of the parts is found, a support or brace is given to rectify the deformity." This, which he quotes from Dr. Satterthwaite, he accepts as his definition of the expectant plan of treatment, the general health of the little patient being attended to on general principles. After referring to the various methods of treatment for this disease at home and abroad, he

relates a number of cases treated on the expectant plan, and arrives at the following conclusions:

1. Many children annually undergo amputation of the foot for caries of the ankle, when, by conservatism and a proper amount of respect for the *vis medicatrix naturæ*, the member could be saved, the child be spared the mortification of being thus hopelessly maimed, and surgery itself be ennobled.

2. Excision, as a rule, is not attended with as good results in children as authorities have led us to expect, and is *rarely ever justifiable*.

3. Partial excision, the passage of tents through the joint, and other operative procedures offer no advantages over the expectant plan.

4. Nature herself, unaided by art, gets useful limbs, but, as a rule, anchylosis varying in degree and deformity more or less marked.

5. The expectant plan of treatment, fully carried out, assures of more results that are perfect, and more limbs that are useful without the aid of support, than does any other plan known to the profession.

—CROUP.—*Differential Diagnosis between Hepar and Spongia.*

*Hepar S.*—Aggravation in the morning, (after midnight).

*Spongia.*—Aggravation in the evening, (before midnight).

*Spongia.*—Cough piping, crowing, very dry sounding, with rough crowing cry and sensitiveness of the larynx to the touch, cough *worse* when sitting erect; better lying down, and from eating or drinking.

*Hepar S.*—The cough is produced or aggravated by lying, especially with the head low, better with the head high; worse from cold food. The cough is deep, rough, barking, with hoarseness or aphonia, with slight suffocative spasms. There is more rattling or mucus than in *Spongia*.

—DIFFERENTIAL DIAGNOSIS BETWEEN IODINE AND BROMINE.

*Iodine.*—Moist cough *with* expectoration.

*Bromine.*—Wheezing cough *without* expectoration.

*Iodine.*—Worse in the morning.

*Bromine.*—Worse in the evening and during the night.

*Iodine.*—Hoarseness and dyspnœa from congestion and exudation.

*Bromine.*—Spasms and œdema of the glottis.

*Iodine.*—More fever, thirst, and general irritability.

*Bromine.*—Local symptoms more violent.—Dr. T. S. Bradford, Trans. Hom. Med. Soc. of Penn.

CROUP.—In treating croup the following rules should be carefully observed :

1. Decide carefully on the remedy and do not change it from mere caprice, but stick to it and push it.

2. Always examine the throat, as in the first stages of croup the membrane may be seen in the fauces or sometimes exudations may be seen on the middle and lateral edges of the tongue.

3. It should be borne in mind that every hour that is lost in hindering the spread of the false membrane renders the case more difficult of cure.

4. Any hoarseness in children, especially if long continued, should be looked upon with suspicion, as it often indicates impending membranous croup.

5. Awaken the child to give the medicine, as too long-continued sleep usually increases the suffocation paroxysms.

6. Do not expose the patient to draughts of air, but keep him in a room of from 65 to 75 degrees Fahrenheit, with the extremities warm, the throat and neck free. It is well to render the air moist by evaporating water in the room, as this facilitates breathing.

7. Never give up a case as hopeless while life exists. The physician will often be called when after the little sufferer has submitted to a course of "*heroic*" treatment, but little hope seemingly exists; but it must be remembered that oftentimes where the allopathic treatment has failed homœopathic remedies have proved successful. The author was once called to a case which two allopathists had given up to die and upon which they wished to perform as a *dernier ressort*, tracheotomy; this was not allowed, and they were dismissed. After watching for two long days and nights expecting the child to die at any hour, on the third day the child vomited a mass of softened membrane and made a good recovery, Kali bich. 1 in water being the only remedy used.

8. Bear in mind that even if the membrane be discharged it may form again.

9. Be careful not to confound the spasmodic or false croup with the pseudo-membranous, *which is a very rare disease*.

10. Be firm, calm, and persevering, and insist upon taking the entire charge of the case.—Dr. T. S. Bradford, Trans. Hom. Med. Soc. of Penn.

—SCARLATINA.—Dr. A. P. Bowie, of Uniontown, Pa., reports as follows:

Child, aged 10 months, has been sick over a week with scarlatina. Was brought home to-day, a distance of twenty miles; weather very cold. The physician who has been treating the child says it cannot recover.

Child lies in a stupor. The nostrils swollen; flows therefrom

a thin corrosive discharge. A dark crust on an inflamed base size of a five-cent piece on right cheek. Passes no urine.

℞. Arum tri. 30 in water; dose one teaspoonful every two hours. In twenty-four hours the child took notice of what was passing, and continued to improve until well.

Child, aged 2 years, has had whooping-cough for two weeks, for which I prescribed *Drosera* and *Antimonium tart.*, singly and according to the symptoms, with no relief. Cina also was given, but the child got worse, when the following symptoms were noted: Raw, bloody surfaces on nose, lips, and cheeks, *which the child picks and bores into, and at same time screams with pain.* No urine passed for twenty-four hours.

No appetite, but much thirst; paroxysms of cough every hour or oftener, after which the child sleeps, with very short breathing. Before the cough commences the child exclaims: "Mamma, I'se scared." ℞. Arum tri., a few globules in a half glass of water, was prescribed; dose one teaspoonful every hour.

The prescription was made in the morning, and in the evening the child commenced to improve. The urine was passed frequently, and the child called for some milk to drink. The paroxysm of cough came on regularly every two hours after taking the remedy.

The intervals were lengthened for the doses, and in three days the child was well.

The desire for milk is a symptom developed in proving this drug, as any one who ever took a dose of Indian turnip knows; it will relieve the soreness and prickling sensation in the mouth and throat.

The child has been subject to asthma since birth, but this was cured with the whooping-cough, and has never returned.

These two cases illustrate very plainly that characteristic symptoms are what we need in prescribing at the bedside, and not theorizing about pathology, and that the potentized remedy is all-sufficient.—Trans. Hom. Med. Soc. of Penn.

—A CASE OF ABDOMINAL PREGNANCY WITH DEVELOPMENT OF RUDIMENTARY FALLOPIAN TUBES AND OVARIES.—Dr. E. C. Bowen, of Boston, relates a peculiar case of extra-uterine foetation which had come under his notice. The patient a colored woman, aged 40, was in her second pregnancy when the doctor was called in. She stated that she believed herself pregnant, yet she had menstruated regularly. Examination showed that the uterus was empty, but there was a well-marked abdominal tumor, which lead to the suspicion of extra uterine pregnancy. The woman was suffering from a most persistent diarrhœa at the

time. She died a few days later. A post-mortem examination revealed the following condition: A large cyst was found in the abdominal cavity, attached to the peritoneum about half way between the symphysis pubis and the umbilicus. There were no adhesions except at this point. On opening the cyst a fœtus was discovered, which seemed to be about eight months old. The funis was large; the placenta attached to the internal wall of the cyst, at a point opposite to the attachment of the cyst to the peritoneum. Most remarkable of all, there existed on each side of the upper part of the cyst a small cord, about four inches long and the size of a knitting-needle. At the free ends of these cords were small bodies like rudimentary ovaries, about the size of a bean. The whole arrangement looked like an effort on the part of the cyst to transform itself into a uterus and develop the proper appendages.—*Med. Record.*

—**PREMATURE MENSTRUATION.**—Dr. Otto Stockes reports the case of a girl seven and three quarter years of age, whose twin sister lived, and was in respects normally developed. This one, on the other hand, was very large at birth, and in her seventh month her breasts began to grow. She did not learn to speak or walk till she was a year and a half old. The first traces of menstruation were seen at the end of one year. When she was thirteen months old, a three days' flow took place, and from this time on this was repeated regularly and punctually every four weeks. There was no difficulty or pain accompanying it. When seven and three quarters years old, the child had a fuller and freer menstruation than her mother. She looked like a well developed girl of twelve, weighed 17.75 kilo, was 18 cm. taller than her thirteen year old sister, and measured 16 cm. more around the breasts. The breasts were well developed, the nipples prominent, the genitals quite thickly covered with hair. She was her mother's eleventh child, an interesting fact in connection with d' Outrepoints belief that there is a casual connection between abnormally early development of children and great productiveness of mothers.—*Am. Jour. Obs.*

—**MENSTRUAL PRECOCITY.**—Dr. Stocten refers to a German girl, born 15th of May, 1871. Six months after birth, the child had grown very much, and its breast commenced swelling and growing. At one year of age, the mother noticed a menstrual flow, which continued regularly every month and lasted three days. At five years of age, the flow was absent one month. At eight years of age, the girl was very robust—her weight being ninety-two and a half pounds, and the circumference around the body twenty-five inches. The genital organs were fully developed, like those of a grown person. The *twin* sister presented no pe-



culiarity from any other girl of her age. The parents are not remarkable for anything except in the number of their children—the mother being forty years of age, and has had eleven sons and two daughters—three sons at one birth, two daughters at another, and the rest single births.—*Revista de Medicina* Madrid, No. 75.

*Another Case.*—The child was born September 7th, 1877, in Valencia, Spain. At two months of age, the mother had a leucorrhœal discharge, which was noticed also in the child, followed by enlargement of the breasts. At seven months of age, the child had a menstrual discharge, which reappeared each month and was preceded by a leucorrhœal flow; the menstrual discharge lasted three days. At the same time, the breasts continued growing as well as the private parts of the child—particularly its mons veneris and the labiæ. With these changes, the voice changed also, especially in crying, to that of a girl of many years of age. At twenty months of age, this child presented the appearance of a lymphatic, sanguineous temperament, and of a robust constitution. Nothing unusual appeared in the digestive functions, and she continued growing fast. At this age the weight of the body was 15 kilogrammes (about 33½ pounds); length of body 86 centimetres, (about 29 inches); circumference of thorax about 56 centimetres; circumference of pelvis about 53 centimetres; circumference of the head about 49 centimetres.

The child walks without support, and appears, in voice and action, as well as in size of her breasts and private parts, as any girl of from 16 to 18 years of age.—*Revista de Buenos Ayres.*—*Va. Med. Monthly.*

—Dysmenorrhœa is of rare occurrence at sea.—*Boston Med. Jour.*

## NEWS AND ITEMS.

—A NEW FEATURE is that at Chicago, a hospital of sick birds and orphans. Mrs. A. F. Moir is matron and chief physician, also nurse and instructor for the young. The departments represented to date are medical, surgical, obstetrical, that for orphans and blind.

—PERSONALITIES.—As we hold ourselves personally responsible for the dignity and courtesy of this journal, we wish to apologize to our readers for the inadvertant admission of the personalities contained in an article on Eczema published in our last issue. We are always ready to receive, and we court criticism on any paper we publish, but critics must direct their remarks to the subject and not to the author.

**A MODEL HOSPITAL.**—The Brooklyn Homœopathic Hospital located in Cumberland ave, Brooklyn, we believe it to be one of the best managed and most successful hospitals in the world. A delegation of English physicians who visited this country to inspect our medical charities, pronounced this, for its size, a model institution. The cost of the establishment is \$42,000, and it is free from debt, its friends having paid off the last \$12,000 of its mortgage obligations the past year. It has a board of officers and directors who give freely both of their time and money in its support. The lady known as "Sister Mildred" (of the Protestant Episcopal Church) who is the Chief Superintendent, is, so far as we know, without a peer in fitness for such a work. The nurses are young women who serve from convictions of religious duty, having devoted their whole life to this ministry of the sick.

No charge whatever is made to the poor, and they alike with those who pay, receive more skillful care and attention than any one, however rich, can secure in the best furnished private house. The city of Brooklyn gives annually \$5,500 toward its expenses. The last year \$12,705 were received from the voluntary contributions of its friends and managers, \$1,580 for the board of such patients as were able to pay, and \$1,079 from the hire of nurses out of its little band, including those who are in the training school learning the art of caring for the sick and wounded.

From a report made to the State Board of Charities we find that during the year ending September 30, 1880, 339 patients were treated, of which 42 paid something, and 291 were beneficiaries. The latter averaged a residence of 28 days each in the hospital. The Dispensary is entirely free, and here during the last year 10,999 patients received gratuitous medical and surgical treatment, and 23,131 medical prescriptions were bestowed upon such needy applicants. Connected with this department, 1,048 patients too sick to be brought out were treated during the year at their homes. Out of the 339 patients boarded in the hospital 151 were entirely recovered, 88 were partially restored, and only 16 died.

In St. Luke's Hospital, considered one of the most excellent in the country, the death rate for the same time was 10.12 per cent., while the death rate in the Brooklyn Homœopathic was only 4.72 per cent. And this work, considering the great care and comfort enjoyed by the patients, has been most economically performed. The cost of the 1,384 patients treated at St. Luke's averaged 39.82 cents per day, while at this hospital the average was but 37.04 per day. The facts appeal to the benevolent with a force beyond the mere eloquence of words.—*New York Journal of Commerce.*

—COMMITTEE ON WORLD'S CONVENTION OF 1881.—The American Institute of Homœopathy, at its recent session, appointed Drs. I. T. Talbot, of Boston; W. Tod Helmuth, of New York, and B. W. James, of Philadelphia, a committee to devise and carry out measures for promoting the success of the next International Convention of Homœopathic Physicians. This convention is to meet in London in July, 1881. The committee, we are informed, hope to secure a large attendance of American physicians. The chairman of the committee will doubtless be glad to answer all questions on the subject. By communicating at once to one of the committee the names of such physicians as now intend to go, and the number to accompany them, the work will be facilitated.

—THE WORLD'S CONVENTION'S TRANSACTIONS—2 vols.—and the transactions of the Institute Session of 1879 are in the hands of the former Provisional Secretary, Dr. J. C. Guernsey, and he is hard at work upon them. There is a great deal of labor connected with the World's Convention volumes, on account of the incomplete state of the historical part of the work. But the "missing links" are being supplied, and the unwritten portions will be completed as far as compatible with the limited time that remains. Many other difficulties have been overcome, and the historical volume is being rapidly run through the press.—*Hahneman Monthly*, Aug., 1880.

—AMERICAN INSTITUTE OF HOMŒOPATHY—BUREAU OF OBSTETRICS.—The following are the assignments of the Bureau of Obstetrics for the ensuing year.

PUERPERAL MORTALITY.—*A. Maternal*.—1, nervous, Mrs. M. A. Canfield, M.D., Cleveland, O.; 2, hæmorrhage, Miss Millie J. Chapman, M.D., Pittsburgh, Pa.; 3, convulsive, C. Ormes, M. D., Jamestown, N. Y.; 4, febrile-preventive, C. C. Higbee, M. D., St. Paul, Minn.; 5, febrile-curative, Mrs. C. T. Canfield, M. D., Titusville, Pa.

*B. Infantile*.—1, foetal, J. C. Sanders, M.D., Cleveland, O.; 2, parturient, O. B. Gause, M.D., Philadelphia, Pa.; 3, post-partum, L. E. Ober, M.D., Lacross, Wis.

The above list will be lengthened and amended as the interests of the theme may require. Circulars will soon be issued which every member of the Institute is desired promptly to answer. The testimony of the humblest practitioner is as important as that of the proudest.

GEO. B. PECK, M.D., Chairman.

—PROF. CHARLES M. THOMAS has removed from No. 1319 to 1313 Arch Street, Philadelphia.

—**OVARIOTOMY.**—A successful case of ovariectomy was recently performed in the Brooklyn Homœopathic Hospital by Dr. H. Willis, surgeon in charge.

—**TWELVE THOUSAND DENTISTS** find employment in the United States. They drive half a ton of pure gold annually into dental cavities. The gold costing about a half million of dollars.

—**EXPERIMENTAL NURSERY.**—The municipal authorities of Paris have decided to establish a model nursery in that city in connection with the children's hospital, to experiment with artificial nourishment.

**THE HAHNEMANIAN MONTHLY**, under its new management, has received a boom which has sent it into the very front rank of Medical Journalism, where it is certain to remain as long as it is under its present able corps of editors.

—**DR. CHARLES WEST, OF LONDON.**—We regret to learn that the health of Dr. Charles West, of London, author of the standard works on diseases of women and children, is such as to require him to winter hereafter in a Southern climate. It may interest the profession to know that he has the authorization of the French Government to see patients at Nice.

—**AS HAS BEEN SAID** by one of eminence in our profession (Prof. Parvin): "If society does treat the medical man harshly and unkindly, is it any worse than medical men treat each other? Many of the worst things ever said of a physician, originally came from a physician's tongue. Society is often the mere whispering gallery, which echoes back these utterances. Were we more charitable towards each other, we would silence half the reproaches which are brought upon the profession.—*The Black Arts in Medicine.*

—**HOMŒOPATHY IN THE CALIFORNIA STATE BOARD OF HEALTH.**—A homœopathic physician has been appointed by the Governor as a member of the State Board of Health of California. We join with the *Pacific Medical and Surgical Journal* (February, 1880), in urging the few of the regular profession who are threatening to refuse association on the Board with the homœopath not to decline to receive him as a member, nor should they resign their membership. "The latter course would not only be a triumph for the homœopaths, but it would give them an excuse for the cry of persecution." "There is a homœopath on the National Board of Health; also one on State Board of Illinois. Unpleasant as it may be, such things have to be submitted to."—*Virginia Medical Monthly.*

—CONSUMPTION OF QUININE.—The following, which we find in a medical exchange, is not a burlesque, but an extract from the *Boston Journal of Chemistry*: "According to a statistical calculation of the amount of quinine consumed in the world, it appears that 100,000 kilogrammes of the sulphate, valued at 56,000,000 francs, are consumed annually. If we add the value of other salts—as the chlorhydrate, bromhydrate, etc.—which may be put at about 2,000,000 francs, we have a total of 58,000,000 francs (\$11,600,000) expended for this drug annually.

—HERBERT M. CLAPP, M.D., of Boston, has just written a new book entitled, "*Is Consumption Contagious, and can it be Transmitted by means of Food?*" Otis Clapp & Son, publishers.

—IN THE FIELD AGAIN.—DR. JOHN BUTLER, late editor of the *American Journal of Electrology and Neurology*, after a brief respite from editorial labor, is again in the literary field, this time in the double capacity of proprietor and editor of a new medical quarterly devoted to general medical and surgical science, and to the interest of the profession at large. "*The Medico-Chirurgical Quarterly*" is the name of the new journal, and we extend to it a hearty welcome, and bespeak for it a liberal consideration from the whole profession. The first number is now before us; it contains 96 pages, and is printed on excellent paper. Its general get up is neat and pleasing.

—PROF. DOWLING, who for the past ten years has been lecturing on General Practice of Medicine, in the New York Homœopathic Medical College, has resigned that position in order to accept the Chair of Physical Diagnosis and Diseases of the Heart and Lungs, recently established in that institution. This is a department of medicine to which Prof. Dowling has long devoted his time, and it will now receive his undivided attention.

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## OBITUARY.

—WRIGHT.—Wm. Wright, M.D., died in Brooklyn, E. D., on September 23d, 1880, after a long and painful illness. Dr. Wright was born in Cambridge, N. Y., in 1806, and was, consequently, 74 years of age. He was one of the organizers of the Kings County Society, was formerly clinical lecturer to Hahnemann Hospital in this city, and it was largely through his efforts that a commodious building was erected for dispensary service in the locality in which he lived.

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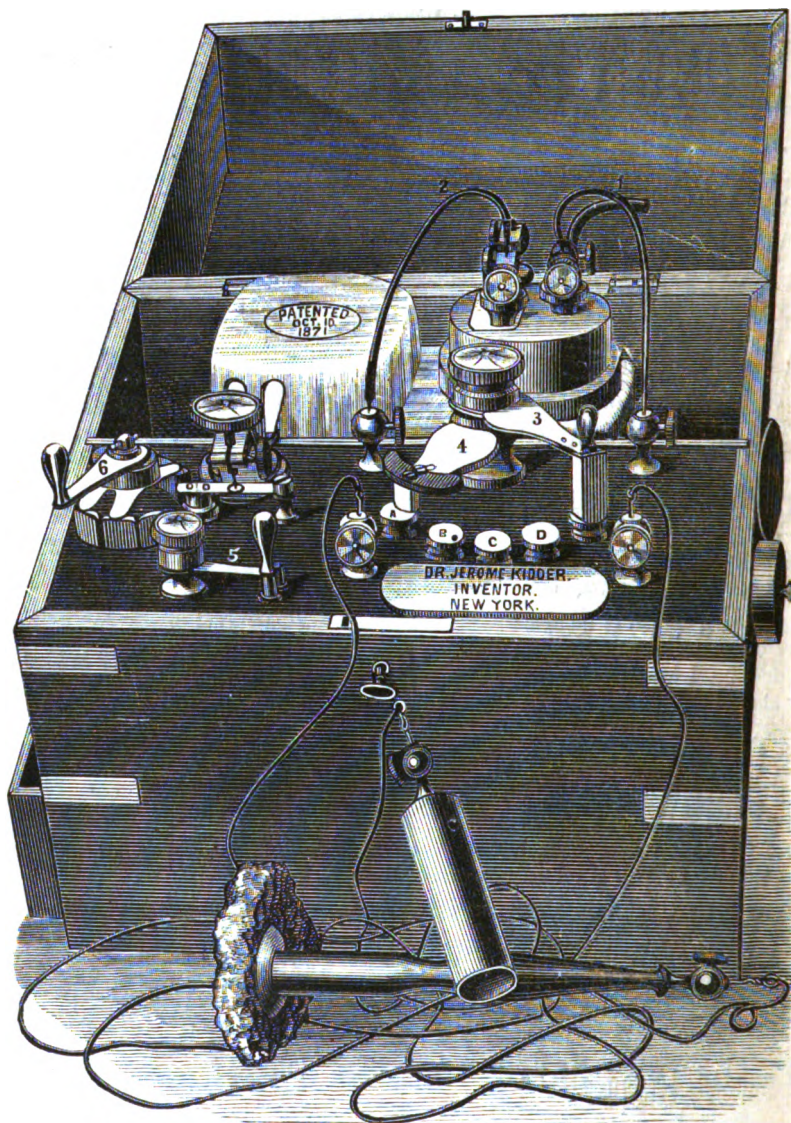
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ORIGINAL COMMUNICATIONS.

FOUR INSTANCES OF SEPARATION OF LINEA
ALBA, OCCURRING DURING PREGNANCY
AND PARTURITION, CAUSING IN THREE
CASES EXTENSIVE VENTRAL HERNIA, AND
IN ALL FOUR, PERITONITIS. FATAL RESULT
IN ONE INSTANCE.

BY B. F. JOSLIN, M.D., NEW YORK CITY.

Read before the Homœopathic Medical Society of the County of New York,
Nov. 10th, 1880.

Several years ago I published three cases of a peculiar form of trouble of which I seem to be one of a very small number of observers. They were cases of extensive separation of linea alba, evidently occurring during pregnancy, but not discovered until after parturition. At

that time my friend, Dr. St. Clair Smith, very kindly undertook the task of searching the various journals as well as the literature generally, of both schools of medicine, discovering few parallel cases. It has been my singular misfortune to have another case occur in my practice.

I cannot but believe that many cases such as I describe have occurred, and been unobserved, and that puerperal peritoneal symptoms have occurred in consequence, the cause of which was not discovered. Laceration of the os uteri, now found so frequently, was a few years since not recognized.

Mrs. G. was confined with her first child September 11th, 1878. The labor was not peculiar excepting a rather more rigid perineum than usual. Chloroform was given, no instruments were used. I did not notice anything out of the common way on the first or second days, on the third day I noticed a marked swelling in the centre of abdomen, which did not at first suggest the correct explanation, but set me to thinking. After a while I thought of my experience of a few years back, and on the following day made a careful examination. I was soon satisfied that my suspicion was correct, and that I had another case of separation of linea alba, with protrusion of intestines. On the day before the confinement of this lady I made her a friendly call. At that time her mother asked me why her daughter's abdomen should be so prominent (it obviously was prominent). The explanation did not occur to me, as it might have done from my former experience, for this prominence of abdomen while carrying children was a symptom in some of the other cases (recollected after parturition.) In this last instance the rupture of parieties of abdomen was rather more extensive than in any of my other cases. This patient had febrile symptoms, which I found it difficult to explain, until I discovered the true nature of

the case. The treatment adopted for the rent was simply careful bandaging and a compress applied over seat of trouble. Dr. Hunt subsequently examined patient with me, and thought there could be no doubt regarding the diagnosis.

There was in this case a sensibility to touch on sides of rent. There had been some general sensibility of abdomen indicative of peritonitis; for a few days vomiting was an occasional symptom. The temperature, as shown by the thermometer, was too high, and the patient had a peculiar pallid look, which seemed to indicate something serious, but which at first I could not understand. I was disposed at first to attribute her symptoms to gastric derangement, she having eaten some fried egg plant on the morning of her confinement.

In this case the rent in the abdominal parietes extended from ensiform cartilage to pubis. In each of my previously reported cases, as in this, peritonitis came on apparently as a consequence of the exposure of the contents of abdomen. In one case it proved fatal. It seems to me that such troubles must be much more common than the very meagre notice taken by writers would seem to indicate, and may be the cause of many cases of peritonitis which are attributed to other causes. It is quite impossible, according to the laws of chance, that four instances of one kind could occur to one person and none happen in the practise of others. Yet, as will be seen by referring to my published article in the *New York Journal of Homœopathy*, of February, 1874, such is nearly the fact so far as recorded.

Mrs. G. was, according to calculation, likely to be confined on the 15th of September, 1878, and as I had come in town for the purpose of being on hand, on the 10th of September I called upon her and announced myself as being in readiness. On this occasion I made an examination to determine the position of foetal heart and placenta.

Foetal heart was found on right side, below and to right of umbilicus, frequency 130 to 140 per minute. Placental souffle on left side. These sounds were heard distinctly through a thickness of linen. I gave it as my opinion that the probabilities were in favor of a girl, both from the pulse as well as from the position of the placenta on the left side. My attention had recently been called to a writer who contended that the boys were all from the right ovary and the girls from the left ovary, and that the sex could be determined beforehand by the right or left position of placental sound. I now doubt the correctness of this theory. I procured a specimen of her urine, which, on examination, was found to be slightly albuminous; it was acid, and the specific gravity was 1008.

On the next morning she was in labor. I saw her at 8:45 A. M. Slight pains since 7 A. M. Slight show. Os a very little enlarged, head of child moveable. Dull general headache this morning. Pulse 80. I was somewhat afraid of the headache, fearing it might be the precursor of convulsions. Gave Acon. 6, solution, each hour.

At noon head was better. Pains moderate. At 3:15 P. M. found her very nervous and trembling. Os $2\frac{1}{2}$ inches. Gave chloroform with good effect. Os dilated and membranes ruptured at 5:40 P. M. Head at lower strait at 6:15, simultaneous pressure on perineum and strait. The perineum was much distended. Child born at 7:30, perineum entire. Placenta easily delivered. My prediction regarding sex of child was fulfilled, it was a female. R. Sec. cor. gtt. xxv. To be followed by Arnica O each hour.

On visiting her next morning, as she had voided no urine, I passed catheter. Continued Arnica. At 8:30 P. M. I found pulse 106 and temperature 103.4°. She seemed feverish, thirsty, and had slight headache at times. Uterus sore to touch. Had passed urine. I did

not fully understand the purport of this high temperature; she had had no chill, the labor had not been remarkably long, in fact I was not quite clear in my mind for several days regarding the nature of the case, but watched her carefully. Gave Acon. 0 each hour.

On the 13th, at 10 A. M., pulse was 100, took temperature but failed to record result. Had slept some, perspired during night, burning in œsophagus. Gave 2 Carb.-veg., 3, each hour; then Bell. two hours.

8:30 P. M.—Pulse 100, temperature 102.8°. Vomiting of curdled milk. Continued Bell., and gave sulphite of soda every four hours.

14th, 10 A. M.—Pulse 84, temperature 100°. Slept well. Vomited shortly after I saw her, not since continued treatment.

9 P. M.—Pulse 100, temperature 103.4°. Pain in left side. Vomited this evening. Milk coming. \mathcal{R} Bry. 0, every two hours.

15th, 9 A. M.—Pulse 80, temperature 101°. Slept well, breasts full, soreness of abdomen on first pressure; less on repeated pressure. Had small evacuation last evening. Continued treatment.

8:30 P. M.—Pulse 100, temperature 102.5°. No pain. Continued treatment.

16th, 10 A. M.—Pulse 80, temperature 99.6°. I am satisfied that she has a separation of linea alba. Yesterday I observed protrusion of bowels and suspected trouble. To-day reduced protrusion and applied compress, after which she felt better. Her mother noticed before confinement, during the latter part of her pregnancy, that the patient's abdomen was unusually prominent, projecting forward. The mother called my attention to this fact on the day before the confinement. This was owing, I believe, to the separation of the linea alba. It was a symptom noticed in two of the other cases which I saw some years since. I did not suspect till yesterday that

this case was similar to those I have published. In this case the rent is more extensive than in either of the others, extending from ensiform cartilage to pubis; recti muscles felt at each side of opening. Had small evacuation. Slight neuralgic pains in face. Continued treatment.

9 P. M.—Pulse 90, temperature 100.4°. Took beefsteak as I had directed. Dr. Hunt called with me and examined abdomen. Undoubted separation of linea alba. Intestines projected when compress was taken off. Uterus felt very distinctly. Continued treatment.

17th.—Pulse 78, temperature 101.2°. Slept well. Rent $9\frac{1}{2}$ inches from ensiform cartilage to pubis. Less protrusion of intestines. Slight difficulty in urination. \mathcal{R} Aquisetum, 0, and sulph. soda.

8:30 P. M.—Pulse 82, temperature 101.2°. Had beefsteak as I suggested. Continued treatment.

11 A. M.—Pulse 80, temperature 100.2°. Urination less troublesome. Continued treatment.

19th.—Pulse 62, temperature 99°. Slept well. Less trouble from urine. Found rent in abdomen measured $8\frac{3}{8}$ inches. $1\frac{1}{8}$ inches above pubis seems to be firm. There was a protrusion of intestines through rent. Continued Aquisetum.

20th.—Pulse 96, temperature 100.5°. Milk not abundant. Has been trying to make child nurse. The exertion is the cause of rise in pulse. \mathcal{R} Hep., 3h.

21st, 4 P. M.—Pulse 82, temperature 99.2°. Urination much better. Continued Hep.

23d.—Pulse 72, temperature 100.2°. Doing well. Continued Hep.

25th.—Pulse 70, temperature 100.7°. Has more milk. No trouble with urine. \mathcal{R} Calc., 6, three times a day.

27th.—Pulse 80, temperature 100°. Milk same. Continued Calc.

29th, 5 P. M.—More milk. Costive. Pulse 92, temperature 101°. R Acon., 0, three hours.

At this visit I found her on a lounge. She had not sat up, but had been rolled on to lounge, as I had previously directed. As I found both pulse and temperature higher, I concluded that I would keep her in bed for some time to come, probably till rent has healed.

Oct. 1st.—10:45 A.M. Pulse 80 good. Temperature 100.2°. Is in bed, feels well; had evacuation after injection; C. acon. o.

Oct. 5th.—11:30 A.M. Pulse, 112; temperature, 99.7°. Had this morning costive evacuation; had to make too much exertion. On examining abdomen could not find any opening above umbilicus; below umbilicus I measured the rent two and a half inches; no soreness of any part of the abdomen nor of sides of rent, though she has made great exertion with costive evacuations. R. Nux vom. o. three hours.

Oct. 8th.—11 A.M. Pulse, 72; temperature, 99.7°. Appears better; less pale. I remarked immediately after her confinement a peculiar pallid look which I did not at first understand, but I subsequently was disposed to believe was caused by the prostration consequent on the abdominal rent. I am writing on October 9th, and from the reduction in the size of the rent by my measurement yesterday, I should suppose it would be but a few weeks before the whole aperture would be closed. I am encouraged in this view by my experience with my second case, where the patient was confined, January 14th. and rent was closed when I examined February 5th following.

On January 1st, 1878, four and a half months after confinement, the rent was the same as on October 5th. This patient was confined again within a year and though the rent had not healed she had no trouble. Great care

was taken to keep a pad on the aperture and no unpleasant symptoms arose.

The following is slightly abbreviated from the article on ventral hernia occurring during pregnancy, reported in *N. Y. Jour. of Hom.*, February, 1874, page 526, by B. F. Joslin, M.D.

“While umbilical hernia is comparatively frequent, few writers have recorded the fact of large ventral hernia as a consequence of pregnancy or parturition. Churchill is the only writer on obstetrics, so far as we have examined, who cites cases of the kind. Hodge in speaking of hernia in connection with pregnancy, says that ‘reducible inguinal and crural hernia disappears as the intestines are elevated, while not only umbilical, but also ventral hernia, *may* be excited.’ But he does not say whether it is of frequent occurrence or an accident of any consequence. Caseaux states, that during pregnancy, the abdominal walls become thin and the recti muscles are removed from each other, so that not unfrequently an oblong tumor appears in the median line, produced by a projection of the bowels. Bedford quotes one case from Madame Bovin, of a ventral hernia of the impregnated womb passing out of the abdomen between the umbilicus and the pelvis, the result of a large abscess; while Denman, Maygrier, Baudelocque, The London Practice of Midwifery, Bard, Rigby, Ramsbotham, Tyler Smith, Meigs, Chailly, Montgomery, Dewees, Guernsey, Blundell and Elliott say nothing about it. Among the works on diseases of women which we have at hand, only Churchill, Colombat, Meigs and Bedford mention the accident. Thomas, Hewitt, Gooch, Dewees, Simpson, Scanzoni, Hodge, West, Brown and Meigs do not notice it at all. Churchill gives some interesting cases mostly from other authors. Colombat cites the case of a woman who had been in labor several hours, when she felt a violent pain, accompanied by a feeling of laceration in the belly.

Two rents were found, one from umbilicus to the sternum, the other from the umbilicus to pubis. He thinks the disease is often confounded with obliquity of the womb, from excessive relaxation of the abdominal walls, and is of the opinion that it never occurs except during pregnancy or parturition. Of the surgical authors, Eve and Hamilton seem to be the only ones who have recorded any cases of ventral hernia connected with pregnancy or parturition. In Eve's case, Caesarian section was performed, the uterus being entirely protruded through the abdominal rent. Hamilton, in his new work, mentions a case that came under his own observation, in which there was a separation of the recti muscles from the pubis to the ensiform cartilage. This was not discovered until a few days after confinement, when the woman, on attempting to sit up, observed a tumor in the median line. She was not unusually large before confinement and parturition, and was not conscious of any sensation of laceration. Gross, Erichsen, Birkitt, (in Holmes) and Muller dismiss the subject with a very few words, merely referring to pregnancy as the cause of the disease; while Bryant, Motts Velpeau, Parrei, Spence, Druitt and Sir Astley Cooper say nothing of it, while they recognize it as a very frequent cause of umbilical hernia in the adult female. Helmuth and Franklin do not mention pregnancy or parturition in connection with either form of hernia. We have searched medical journals, both old and new school, as far as our opportunities have afforded, and have failed to find a single case recorded." * * *

"This dearth of cases may not seem strange when we consider that Sir Astley Cooper, in his great work on hernia, states that the occurrence of ventral hernia is so rare, that notwithstanding his large experience in hospitals, neither his notes nor his memory furnish him with twenty cases in as many years." * * * "It will be observed that peritonitis arose as a complication in

each case, with in one a fatal termination. In the fatal case, the patient, after a previous confinement, and on another occasion, had had attacks of peritonitis. In the first case I did not myself understand the true nature of the case, till assisted by my friend, Dr. McVicar."

CASE I.—*January 14th*, 1868.—Mrs. H. D., second confinement, 8:15 P. M., waters broke this morning before she got up; had labor pains every 7 or 8 minutes for about an hour past; os uteri two inches in diameter; pains after this were only every 15 minutes till 10 P.M., then every 5 minutes; child (male) born at 10:30 P.M.; placenta came away in 5 minutes, with less than usual assistance. I notice before birth of child unusual prominence of uterus (antiversion), which made me suspect twins; after birth of child she complained of pain across abdomen, just below epigastrium, and afterwards I observed quite an accumulation of flatus in intestines, distending them so that they could be distinctly traced. This was really the protrusion of intestines through the opening in parietes of abdomen. I did not then appreciate the true nature of the case. I left at 11:30 P.M.

January 15th—Pulse 72; had evacuation; got rid of considerable wind, but still intestines are distended; bladder full of urine; is felt as tumor in hypogastrium; uterus normal. R Arn. o and Coloc. o. 5 P.M., pulse 72: passed a large quantity of urine with relief; intestines still distended; uterus decidedly anteverted; could not at first find os, but after pushing fundus back, it was distinguished; seemed to be relieved of some pain in back from manipulation. R Puls. 6.

January 16th—Pulse 80; has some milk; had another loose evacuation yesterday; some back ache; can feel distended intestines in abdomen. R. Coloc. o.

January 17th, 6 A.M.—Pulse 116; felt poorly all night; at 2 A.M. had chill; fever since; abdomen much swollen; intestines plainly felt; has had rather profuse lochial dis-

charge; rumbling of wind in bowels; does not pass any wind; fundus of uterus forward; patient seemed to be somewhat relieved by pushing it back. R Acon. 0. and Bell. 0. 11 A.M., pulse 120; rather less pain. Dr. McVickar met me and, after examination of case, decided that there was a rupture somewhere in the muscular parietes of the abdomen, through which the intestines had protruded, being felt distinctly under the skin; there is apparently not much peritonitis though there may be some inflammation of uterus; gradual pressure seemed to have some effect in causing intestines to disappear; broad compresses and a bandage were tightly applied, after this she felt better. Dr. McVickar advised opium tinct. gtt. xx and then repeat in two hours if necessary.

5:30 P.M.—Pulse 134, but after tightening bandage, 124; slept four hours; feels decidedly better; thirst intense; prognosis still doubtful. R Acon. 0., and Bell 0. each hour.

January 13th—Her husband called upon me at 7:30 A.M., says Mrs. D. is weak, respiration short, slept badly. R Chin. 1st each hour.

10:30 A.M.—Dr. Andrews called with me; some pain in abdomen; on examination found intestines protruding as before, but they were readily replaced. The opening in muscular covering of abdomen is evidently in hypogastrium, and is about three inches in length. The uterus is evidently only covered by integument. Less soreness of uterus; pulse 130; after tightening bandage, 120; feels weak; beef tea. R Arn. 0., Bry. 0. and Opium Tinct. 10 drops.

9 P.M.—Pulse 134; after bandaging. 120; respiration, 40 short; pain in chest; found intestines out; replaced them, and applied air cushion, after which she felt much better; abdomen more swollen; no sleep to-day. R Acon. 0., Bry. 0. and Opium tinct. 10 drops.

January 19th, 10 A.M.—Pulse 140 after bandaging;

had no sleep; is agitated, thinking she will die; air bags keep intestines in place better; were not protruding; took beef tea all night, also a teaspoonful of whiskey and milk; no pain. \mathcal{R} Bell. 0. and Coff. 3, alternately.

3:30 P.M.—Dr. McVickar called with me; found temperature 101.8° ; two days ago, was 103.4° ; pulse, after bandaging, 133; respiration 38; circumscribed flush on cheeks. \mathcal{R} Verat. vir. tinct. five drops and three drops at 7 P.M.

9 P.M.—Pulse 120; feels better; changed bandage and applied bladder partly filled with air; answered well. \mathcal{R} Verat. vir. gtt. iij. every three hours and Opii. tinct. gtt. x. at 10 and 10:15 P.M., and if necessary, at 11:30 A.M., and 12:30 P.M.

January 20th, 10 A.M.—Pulse 108; slept about six hours; feels better; continue Verat. vir. gtt. iij."

The patient continued to improve; on the 30th I found slight protrusion, but on February 5th "I record well; walls of abdomen seem firm; over hypogastrium there appears to be a tending expansion." Among the points to be particularly noted are the difficulty I had myself in comprehending the true nature of the case. I strongly suspect such cases have been overlooked in many instances. I also wish to call attention to the several instances in which tightening the bandage reduced the pulse. This has been a common experience with me and is, to my mind, a very strong argument in favor of the bandage, which some think can be dispensed with to the advantage of patient.

CASE II.—*January 24th*, 1872, Mrs. C., second confinement; called 10 P. M., 23d inst; pain commenced 8 P. M.; found os uteri well dilated; waters soon broke and head came down, and female child (9 pounds net) was delivered at 10.45 P. M., placenta delivered in 15 minutes; uterus contracted well; had nervous chills; umbilical

cord 3 feet 10 inches in length; has knot in it. \mathcal{R} Arn. 0.

11 A. M.—Pulse 64, good; discovered that Mrs. C. had large ventral hernia below umbilicus; uterus felt just under skin; intestines protruding in coils, only covered by skin. Applied large compress to opening, after returning coils of intestines into abdominal cavity. She felt, during pregnancy, as though uterus pitched forward too much. Continue Arn. 0.

Evening. Pulse 60; feels well; fundus of uterus quite sensitive, as felt through opening. The opening in parietes of abdomen, below umbilicus, 4 inches in length. Continue Arn. 0.

Jan. 25th.—Pulse 70; made horse hair pad, 5 or 6 inches long, and applied to rent in abdomen, then applied my bandage. Intestines found protruding in coils, but were returned into abdomen. Some soreness on right side of abdomen and of fundus of uterus. \mathcal{R} Acon. 0. 2 hours.

8 P. M.—Pad seems to keep things in place; has less soreness of abdomen. Continue Acon.

Jan. 26th.—Pulse 72; pad holds intestines in place. Some soreness of left side of abdomen and of fundus of uterus. \mathcal{R} Acon. 0.

8 P. M.—Pulse 84, full, rather more soreness of abdomen. Acon. 0. and Bry. 0. alternately each hour.

Jan. 27th.—Called 1.35 A. M.; chill at 10 P. M.; high fever since; pain in abdomen, left side, and especially in hypogastrium, extending down thighs; flow, which had been scanty, increased before chill.

At 2 A. M. I found her chilly; pulse 120; great thirst; had previously slight delirium; did not remove bandage; did not appear to be great sensibility of abdomen generally, was more in hypogastrium. \mathcal{R} Bell. 0. and Bry. 0.

10 A. M. —Pulse 130; feels slightly better; pains in uterus, severe at times; general sensibility of abdomen, especially of uterus, to touch; chilly at times. Continue former prescription.

4. P. M.—Pulse 120; less pain. Continue.

9.15 P. M.—Pulse 120; pain less. Continue.

Jan. 28th, 10 A. M.—Pulse 114; had a fair night, two normal evacuations. R Bell. and Bry.

Evening.—Pulse 108; soreness of left side of abdomen. Continue.

Jan. 29th, 7.45 A. M.—Pulse 120; after tightening bandage fell to 100; pain in epigastrium at times all night; some difficulty in urination, but recently she has passed water freely. R Bell. 0. and Nux 0.

3.30 P. M.—Pulse 110 to 115; evacuation dark brown; less pain; less soreness in left side of abdomen. R Bell., Chin. 0.

8.15 P. M.—Pulse 120; has been annoyed about bandage; fastened it; no urine since 10 P. M.; now appears rather stupid. R Bell. 0.

8.30 to 11.10 P. M.—Pulse 120; gave at 9 milk punch; at 10, beef tea; at 11 milk punch. I left at 11.10 P. M. R Chin 0. each hour. She appeared dull, did not take much notice.

Jan. 30th.—Was called in 15 minutes after I got home; found her in a deep, snoring sleep, which soon changed to a more quiet one; slept an hour and a half. Remained till 3 A. M.

10 A. M.—Dr. Ellis and myself met; her mind much cleared; pulse 112. R Hypophosphite of Soda and Rhus.

Called at noon. Had spasmodic movements of various parts; not less consciousness I think. R Hyos. 0 then continue former prescription.

5 P. M.—Pulse 130; desire to get out of bed; evidently fear of rupture and other things. Continue treatment.

9 P. M.—Dr. E. called; same. R Puls., and if necessary, Nux.

Jan. 31st, 8 A. M.—Pulse 126; restless night; spasms of various muscles; teeth clenched; passed catheter and

drew off a pint and a quarter of urine of a dark brown color; applied new bandage and a new compress. Continue Puls.

12 M.—Dr. Ellis met me; patient has been quiet all the morning. Continue former prescription.

8.30 P. M.—Pulse 120, fuller; mind much distorted; does not know what to do with her nose. Continue Puls. 0.

Feb. 1st, 10 A. M.—Great difficulty in deglutition; it seems impossible for her to swallow; seems conscious; pulse 126; raised thick bloody mucus from throat. R Bell. 0. and Nux 0. I drew off a pint of urine.

9 P. M.—Pulse 142; respirations, 44; thermometer in axilla, 106°; I drew off a half pint of urine, clearer than this morning's or that of yesterday. Specific gravity 1020, acid; deposited albumen by heat and acid; has been in a deep sleep for two hours. R Acon. every three hours.

Feb. 2nd.—Died at 6 A. M.

CASE III.—*Oct. 5th*, 1873.—Mrs. L., Primipara. 5:30 P. M.—Pains since 1 P. M. Os dilated an inch. Pains severe; three minutes apart. 6:45 P. M. Os about the same; pains frequent. Gave at 7:45 P. M. Sulphuric ether by inhalation. Os gradually enlarged; at 10:15 was fully dilated. Discontinued Ether; vertex descended to lower strait, and in half an hour pressed on perineum; did not relax its grasp on perineum till birth of the child, at 11 P. M. I applied lard freely, and perineum escaped injury; child still at birth; pulsation of cord feeble; rolled child over and established respiration; its lips were at first blue. Gave in all about eleven ounces of ether. After birth of child gave thirty drops of extract of Sec. cor. in three doses. Uterus at first extremely contracted, afterward dilated to umbilicus; had pains in back at times. I found apparent separation between recti mus-

cles, above umbilicus, three inches in length; could feel uterus through it very distinctly. I remained till 1 A. M. \mathcal{R} . Arn. o. each hour.

Oct. 6th.—7 A. M. Pulse 84. Doing well. Could not so distinctly feel rent in abdomen. \mathcal{R} . Arn. o.

6 P. M.—Pulse 100; after bandaging, 88; general soreness of abdomen; felt opening in abdominal walls. \mathcal{R} . Acon. o. and Bry. o. solution alternately each hour.

Oct. 7th.—Pulse 92. Soreness of uterus. It is felt distinctly as high as umbilicus. The rent or thinness of the walls distinctly felt; no protrusion of intestines. Some general sensibility of abdomen; pain as from colic. \mathcal{R} . Acon. o. and Coloc. o. solution.

Had nose bleed yesterday. \mathcal{R} . Acon. o. and Bell. o.

Oct. 9th.—Pulse, 88; temperature, 100.4° . Breasts doing well; complains of colic; some soreness of uterus. \mathcal{R} . Nux. sol. every two hours.

Oct. 10th.—Pulse, 96; temperature, 100.4° . \mathcal{R} . Nux.

Oct. 11th.— \mathcal{R} . Ignatia 12, solution every two hours.

Oct. 12th.—Pulse, 81; temperature, 100.4° . 4:30 P. M. seems better; continue.

Oct. 13th.—Pulse, 81; temperature, 100.2° . Headache since last night; throbbing in vertex. \mathcal{R} . Bell. o. solution each hour.

Oct. 14th.—Pulse, 100; temperature, 99.8° . Appears better. Continue Bell.

Oct. 15th.—Pulse, 94; temperature, 100.4° . Better. Continue treatment.

Oct. 16th.—Pulse, 100; temperature, 100.4° . Sitting up; made careful examination; found no rent in abdomen, per vaginum; found great relaxation of vaginal walls which were sensitive to the touch. Has acid eructations. \mathcal{R} . Carb. v. 12 and continue Bell.

I continued to visit this patient till November 6th, for slight ailments. She has since been in good health, and has since borne two children without any like trouble

supervening. This case was much the least serious of any of this class that I have seen, and the only one in which the intestines did not protrude, still the same tendency, though in less degree, to peritoneal inflammation was observed. I cannot avoid the conclusion that many cases of peritonitis have had similar origin.

My attention having been called to the subject, I have not unfrequently observed a thinning of parietes of abdomen after parturition.

Case of ventral hernia noticed by patient after confinement, seen some years after by Mrs. Emma Scott Wright, M.D., and diagnosticated after reading my account of cases of ventral hernia occurring in connection with pregnancy and parturition. I received the following note October 24th, 1878:

NEW YORK, October 15th, 1878.

B. F. Joslin, M.D.

DEAR SIR:—Excuse my delay in sending you notes of the case you wish me to report. Patient middle-aged. Irish. Eighteen or nineteen years before I saw her she was confined, and on getting up from confinement, which was normal in all respects, she noticed a small protrusion just over the pubis. When she came under my notice so many years after the date of the trouble, the enlargement, which to all appearances and from the sound on percussion and its time of appearance, led me to conclude that it was a case of *ventral hernia*, which I was able to diagnosticate from having read or hearing the report of your cases. This woman suffered from constipation. Bearing down sensation in hypogastrium. Any unusual exercise caused some inconvenience in the tumor. Her death was caused by pleuro pneumonia (under allopathic treatment). She was at the climacteric period when I saw her and was suffering from the effects of it.

Respectfully yours,

EMMA SCOTT WRIGHT.

CAUSES OF PROTRACTED LABOR.

BY M. M. EATON, M.D. CINCINNATI.

Read before the College of Physicians and Surgeons of Michigan, October 11, 1880.

It is a source of annoyance to many physicians that so many cases of labor are protracted, and it may be of interest to consider, for a short time, some of the causes which lead to and cause these cases, and also dwell a little upon the means calculated to prevent them, and secure in most instances a rapid and safe delivery. We may possibly in this way save much suffering to the pregnant woman; not only in the relief of actual pain, but in the relief from the dread of parturition, which so commonly torments women during the latter months of gestation.

First and foremost, I place premature delivery as the cause of protracted labor. We are well aware that a dry birth (*i. e.*), where the waters are discharged before the os uteri is dilated to any considerable extent, is sometimes a cause of tedious labor; that malpositions of the uterus or the child, inertia of the uterus, distended bladder, tenderness of the uterine muscular tissue, from the strong movements of the child, or external violence, as well as unfavorable surrounding and position of the patient, may cause some delay in delivery. Still, I am of the opinion that premature labor is much the most frequent cause of tedious delivery. It may be only a week or two premature, and still cause delay; bad cases being often those allowed to go on in labor a month or six weeks before the completion of full term.

We should bear in mind that at completion of term the cervix uteri becomes a part of the body of the uterus, so to speak, or is distended till it becomes a part of it, and there remains no cervix proper; but that it then becomes thin and simply covers the child as a cloth would do. When we are called to a supposed case of labor, and the digital examination *per vaginam* reveals the cervix

uteri still remaining, it becomes our duty to give remedies to arrest the pain, and go home and allow the full term of gestation to be accomplished. By doing this, we avoid the difficult task of obtaining dilatation of the cervix uteri, and the vagina also, and find, on the completion of the full term, that all the parts have become favorable to an easy dilatation, and we have a rapid delivery as a consequent result. I am emphatic on this point, and would say stop the pains even if they are regular and have been going on several hours, if we found the cervix still present. The slow and painful dilatation of the cervix and vagina before nature has prepared the parts for this process, greatly exhausts the patient, and also greatly tends to produce the condition most favorable to puerperal diseases, especially puerperal metritis, or peri-metritis. These tedious cases are much more liable to be followed by vaginal fistulæ than those where the delivery is rapid.

In order to accomplish rapid delivery, physicians often fall into the error of giving *Secale cor.* in large doses to increase the uterine contractions before dilatation is accomplished. This is a very unwise and unsafe practice. Rapid and safe deliveries are not produced in this way. It is not one case in a year that I am detained so long as twelve hours, and after many years of such an experience I feel a little confident I am right (as I average about 3 confinement cases a week of my own and generally deliver for some one else every few days). The giving of *Secale cor.* before there is perfect dilatation of the os uteri, only complicates most cases and exhausts the patient.

To prepare the patient for an easy delivery I know of no means as efficient as the giving of *Puls. 3x* about two doses a day for six weeks before the completion of the term. This seems to strengthen the uterine tissues so that gestation goes to full term.

To stop premature delivery Secale 3x dilution, putting 15 drops in half glass of water, and giving a teaspoonful every half hour is efficient treatment in most cases. Arnica 3x is also useful if there is great soreness in the uterus.

Acon. is sometimes useful when there is a rapid rising pulse with a dry skin, nausea, &c.

Ipecac is indicated if nausea and vomiting preceded the labor pains.

If these means fail, rather than allow the labor to progress before the completion of term, I would give Morph. sul. $\frac{1}{2}$ gr. every two hours, till the pains were arrested.

TO FACILITATE RAPID DELIVERY WHEN THE FULL TERM IS ACCOMPLISHED.

First, I would see that our patient was warm, and well protected from cold drafts of air. This greatly facilitates good, strong uterine contractions.

Secondly, attend to assisting the dilatation of the os uteri. This I do by applying a little dilute Bell. ointment around the os, and by inserting one or two fingers into it and sweeping them gently around its margin, always being careful not to rupture the membranes, till a good degree of dilatation is secured.

In the absence of pain, while the membranes are not tense, we should try to discover the position of the child's presenting part. If the head presents, notice its position, and also notice the axis of the uterus, in order to rectify any unfavorable position by external taxis, if possible.

Finding a natural head presentation, we may increase the dilatation by giving an anæsthetic for a few moments. Keeping the two fingers in the vagina much of the time greatly aids in the dilatability of this tube, and if they are often smeared with oil, or vaseline, no harm can re-

sult. After the os is quite fully dilated, I rupture the membranes and allow of the escape of the amniotic liquid (if the presentation is normal). In case the presentation is one requiring the turning of the child, I now proceed to turn and deliver without delay. If the position is natural, wait for the expulsion of the child by the uterine contractions and the voluntary expulsive efforts of the mother, aiding these by such positions as are most favorable. The position of the patient must be varied according to the stage of labor and the peculiarity of each case. In the early stages of labor the patient may walk, if warmly clothed and in a warm room, kneeling by a chair when the pain comes on, or she may lie down on her side (usually the left is preferable). When expulsive pains commence, I prefer the patient to lie in a semi-inclined position on the back, with thighs and knees flexed. Let the knees be supported by assistants, and let the patient assist voluntary expulsive efforts by pulling with the hands and pushing with her knees. If the head becomes impacted for an hour or two in the pelvis, or is arrested by the perineum, I usually deliver with forceps, after giving the patient chloroform moderately. Instruments are usually much too long neglected. Skillfully used where there is a dilatable vagina and well dilated os uteri, they save much pain and time, and diminish the danger of post partum difficulties rather than increasing them. I have never injured a child or the mother with forceps, and, I feel sure, have saved many lives and much suffering with them.

DISPLACEMENT OF THE OVARIES.

BY F. A. BENHAM, M.D., ELKHART, IND.

An article in the August number of this journal on the above subject, called to mind a number of cases which, in my clinical record, are diagnosed as prolapse of the ovary; and the object of this article is to call the

attention to a system of treatment which I have found to be peculiarly efficacious.

In addition to the causes mentioned as producing this displacement, we may add that jumping, as from the top of a fence, or from a buggy to the ground, or slipping and striking in a sitting posture with force, have in my observation produced this trouble under certain conditions of the organ, and frequently the true nature of the difficulty is not suspected; although, as Dr. Mundé says in *Trans. Amer. Gynl. Soc.*, 1879: "The diagnosis of ovarian prolapse is exceedingly easy to the practiced touch, per vaginam, rectum or conjoined manipulation." The following case will give a clear idea of this difficulty, and each reader will be enabled to judge the effect of the treatment.

In the fall of 1865, I was called to visit Mrs. H., aged 28, whom I found suffering extremely, and who had been suffering for some days from tenderness and severe sickening pain in left iliac region, and the pain was greatly increased at every act of defecation, and indeed she could effect no movement of the bowels except while *lying upon the left side*. She described the sensation when in the usual position "as though something fell over the passage and she could not empty the bowel," still being tormented with severe tenesmus.

Proceeding to make an examination, the finger on entering the vagina came immediately in contact with a hard, globular body in the recto-vaginal pouch, lying to the left of the vagina, and seemingly resting on the perinæum. By conjoined manipulation, through rectum and vagina, the body of the tumor could be brought between the two fingers, and its size and density estimated. It appeared to be about an inch and a half in diameter, was not excessively sore to touch, but pressure excited a sickening sensation. Standing upon her feet, or walking, developed pain, a dragging sensation in the hip,

nausea and throbbing. This patient, in giving birth to a child about two and a half years before this examination, had a long, severe and badly managed labor, and had not been well since. There was persistent constipation, prolapse of uterus and suppurative inflammation of right ovary. Taking into consideration the prolonged suffering of the patient, the low state of vitality and general nervous irritability, almost every form of hysteria being present. I determined to give electricity a trial, and so commenced with one short seance a day with a light electro-magnetic current. After giving two general treatments, the application was then localized, passing the current through the prolapsed and indurated ovary, and in turn bathing the pelvic viscera with the electric fluid. After seven days time my patient was better, more comfortable than she had been since her confinement.

The same treatment was now continued at lengthened intervals for two months, giving at first strict attention to rest and posture, when I had the satisfaction of finding my patient without cause of complaint, and she is still living and in the enjoyment of good health.

I have, in a number of instances since that time, diagnosed prolapse of the ovary in cases coming into my hands for treatment, and have ever found electricity a valuable agent in removing the trouble, although in no case so marked as the above related. I now frequently use galvanic as well as the faradic, and not unfrequently find that one will succeed where the other fails.

In reading the discussion on this subject in the Trans. Amer. Gynecological Soc., one cannot fail to be impressed with the great difficulties surrounding the treatment of this accident by manual efforts, pessaries, etc., and the repeated failures thereof, while electricity, in experienced hands, is *painless* and *certain* to bring a measure of relief, and in many cases it will make complete cures.

GANGRENE OF THE MOUTH AND VULVA, WITH CASES.

BY EDWARD CHAPIN, M.D.. BROOKLYN.

"Gangrene of the mouth is an affection which usually occurs in children of debilitated constitution.

"It is known by a variety of names, viz., *cancrum oris*, *noma*, *gangræna oris*, *kanker* of the mouth, *gangrenous stomatitis*, etc.

"It is most common between the ages of three and six.

"Cases are on record of its occurring in infants and adults.

"Unfavorable hygienic conditions constitute a strong predisposing cause. Children living in crowded institutions or houses, those whose parents are poor or in want, and whose constitutions have been greatly deteriorated by long illness, by the tubercular diathesis, or by acute diseases, are particularly apt to be attacked. It almost always follows upon some previous disease, particularly measles, or some other acute exanthemata, pneumonia, entero-colitis, whooping-cough, long continued malarious fevers.

Symptoms.—It generally begins during the course or convalescence of some of the above named diseases, by ulceration, or phlyctenæ of the mucous membrane.

"When the ulceration commences on the inside of the cheek, it is usually accompanied with considerable swelling, so that the cheek appears externally quite prominent; and *this* is sometimes the *first* mark of the disease which attracts attention.

"The face is pale, and usually continues so throughout the disease.

"The lips generally are swollen and covered with scabs, or are dry. The breath of the child is fetid from the beginning, and as the disease progresses becomes gangrenous. There is but little fever at first, unless the

case be accompanied by some acute disease; the pulse commonly frequent and small in the beginning. The child is generally languid and quiet at first. Generally there is but little complaint of pain made. The ulceration spoken of as forming the first symptoms of the disease is generally of a grayish color, and resembles very closely that which exists in the ulcero-membraneous form of stomatitis. It may be seated either on the gums, in the fold formed by the junction of the cheek or lip with the gum, or on the inside of the cheek, opposite the space between the alveolar processes. It may present a gangrenous appearance from the first day, or not until two or three days after.

“The ulceration change from a greyish color to dark, bleed easily when touched and are covered with pultaceous sloughs, exhaling a characteristic fetid odor. The gangreen extends to the neighboring parts and implicates at last the whole side of the whole mouth, or of the lower lip. At the same time the affected cheek or lip undergoes a circumscribed infiltration which is at first rather soft but becomes afterwards firmer, and forms at last a hard and rounded knot or tumor in the centre of the cheek, which is now tense, shining, and pale, or marbled with purpled spots, while the slough on the inside is of a brownish color, more extended in size, and sometimes surrounded by a dark ring. The hard tumor of the cheek just described usually appears between the first and third day after the sphacelation of the mucous membrane.

“The child may now show signs of weakness and depression; the face is swollen and destitute of expression on the affected side; a bloody or dark colored saliva runs from the mouth, which is partially open.

Diarrhoea is almost always present.”—MEIG’S.

GANGRENE OF VULVA.

“Gangrene of the Vulva is caused either by diphtheria,

or comes on like noma, in children who have first passed through a severe febrile disease, such as typhus fever, small pox, scarlatina, or measles.

"Sometimes it comes on so rapidly, and without any subjective symptoms, that the attention is first attracted to the gangrenous odor. This leads to a careful examination, when a few gangrenous vesicles, as a rule, are found upon the internal surface of the labia Majora, which soon burst and gives exit to a gangrenous ichor. In other instances, when mortification has invaded the deeper structures of the labia the latter will become cedematous, assume a bluish color after the pains have existed for several days, and finally burst, when a large gangrenous surface will make its appearance.

"The mortification is mostly moist, spreads rapidly and ultimately terminates in death."—VOGEL.

Prognosis.—"Meigs" exceedingly unfavorable, the great majority of the subjects perish in spite of all that can be done."

"Vogel"—"Prognosis very bad." "Out of five cases, one only revived, and that with a frightfully disfigured nose and cheek." According to compilation by "Tourdes" sixty-three and of two hundred and thirty-eight recovered.

TREATMENT OF GANGRENE OF THE MOUTH AND VULVA BY OLD SCHOOL.

"Vogel" says "that in gangrene of the mouth Chlorate of potassa may be given from 20 to 60 grains per day according to age of child. Here, however, the effects of this remedy are not very brilliant. He advocates cauterizing the healthy parts contiguous to it. Concentrated Muriatic acid should be penciled over two or three times per day. He also states that milk or coffee is about the only article of diet for which they have any relish, of

which as much as possible should be administered to them."

"'Roberts' "advocates use of strong Nitric or Hydrochloric acid externally.

"Antiseptic mouth washes should be freely used, such as one containing Condyl's Fluid Chlorine, or Carbolic acid, which may also be applied as dressings.

"Chlorate of potassa used internally.

"Tonics and nutritious diet."

Other authors advocate the same.

Of gangrene of vulva "Vogel" says that "the treatment is very unsatisfactory. Internally he recommends a stimulating diet. Topically the parts should be penciled with concentrated Mineral acids, or a strong solution of Corrosive sublimate."

Homœopathic treatment for Noma, same as in cases reported, and in addition the following:

"Hale" speaks of the successful use of "Baptisia tinct." externally and internally also "Hydrastiscan tinct."

"S. P. Hedges, *United States Medical and Surgical Journal*, vol. 8, p. 449, recommends internal use of Phos. acid in cases following measles and in syphilitic children."

British Jour. of Hom., vol. II., 1853. p. 147. Reports several cases treated successfully with R. Ars . The season had been exceedingly damp and probably was the exciting cause.

GANGRENE OF THE MOUTH FOLLOWING TYPHOID FEVER.

H. H., æt. 5. He at this time was very weak and debilitated, as he was just recovering from typhoid fever. The first thing that attracted my attention was that his right cheek was swollen and presented quite a prominent appearance. On a closer examination the cheek appeared quite tense, shiny and pale. Also noticed that the

breath of the child was very offensive. By pinching the cheek with the fingers could feel quite a hard knot or tumor.

On examining the inside of the mouth found the gums of right side in an unhealthy condition.

Aphthæ in two or three places.

The slough on the inside of the cheek was brownish. A darkish fluid came from it. The mouth was thoroughly swabbed with a strong solution of the Chlorate of potassa, allowing the child to take internally some of the solution. The swabbing was thoroughly done every half hour until slough came away.

After several hours a change for the better was manifest, and after three or four days healthy granulations appeared and the child made a good recovery.

There was quite a large cavity in the cheek after the slough came away. The child partook quite freely of milk and part of the time was stimulated with brandy, etc.

NOTE.—The temperature in this case was lowered and at times was only 97°. Stimulants were then used quite freely.

(The Chlorate of potassa is soluble in 24 parts of boiling water, and only one in sixteen at 60° F.)

GANGRENE IN THE MOUTH IN COMPLICATION WITH PNEUMONIA FOLLOWING MEASLES.

G. P., æt. two years and two months. Her parents had moved from the State of Maine to this city. The change was not beneficial to the child, as she began to fail shortly after their arrival here.

About the middle of June, 1880, the child was taken with measles. The parents, thinking that she was doing well, did not employ a physician. When the eruption had nearly disappeared, they observed that the child had a high fever, associated with very rapid respiration. It was at this time that I first saw the child, and found that she was suffering from pneumonia.

About the fifth day of the pneumonia the child was much prostrated, very restless, pulse thready and rapid.

Observed small ulcers on inside of lips, cheek, and on uvula. They did not appear gangrenous at this time.
R. Ars.

When I called again, however, suspected gangrene of the mouth. The patches felt quite hard externally and about the size of bullets. Odor from them was very offensive. The gangrenous spots were frequently and thoroughly swabbed with a strong solution of Chlorate of Potassa. Also the solution was given internally. Small shreds of the slough came off during the operation. The child had diarrhoea, the stools were frequent, watery and very offensive.

The child lingered two or three days and died from the pneumonia. The gangrene was checked, slough came away, and the mouth left in quite a healthy condition.

Remark.—The diet about the same as in other cases reported.

In swabbing, do it so thoroughly that the parts affected will bleed. For this purpose the swab is better than a brush.

This course of treatment has been successfully used for quite a number of years at the Children's Hospital connected with the Five Points House of Industry, New York. It was at this institution that two of the cases here reported came under my observation.

Remark.—From January, 1861, to January, 1880, there were treated at that institution forty-one cases of gangrene of mouth with three deaths, and those who died were complicated with phthisis; of gangrene of vulva, six cases with one death.

CASE OF GANGRENE OF VULVA FOLLOWING PNEUMONIA.

L. K., æt. 5 years. While recovering from quite a severe attack of pneumonia, the child appeared to have

pain above the genitals. On examination found on the inner surface of the labia small ulcers. The nurse thoroughly cleansed the parts with a weak solution of Chlorate of Potassa and gave R. Ars. internally.

Let me here add that her temperature at this time was 99°.

The condition of the child next day was not improved, as the appearance of the labia showed a gangrenous tendency. The parts were now thoroughly swabbed with a strong solution of Chlorate of Potassa, also gave some of the solution internally. Evening of same day T. 100½°, P. 116. Labia quite œdematous and inflamed, also hard under pressure. The child was taken with diarrhœa; she seemed very much exhausted.

There was an ichorous discharge, which was quite offensive.

The swabbing was continued at short intervals for a day or so, when the slough loosened from the edges. At this time the vulva was packed with Triturated Camphor and Chlorate of Potassa, given internally.

About the fourth day from the first appearance of gangrene the slough came away in one piece and measured in length 1½ inches, in width ¾ inch, and over ½ in. in depth.

The cavity was packed with the Camphor for several days after. The child recovered and is quite rugged at the present time. The diet consisted chiefly of milk, beef tea and occasionally a little brandy in the milk. Beside the slough spoken of, there was a smaller one from posterior commissure and involving quite a portion of the other labia.

Remark. In adenitis, especially in neck and groin, in scrofulous subjects, when unhealthy suppuration is taking place with gangrenous tendency, titurated camphor packed in cavities has many times proved beneficial.

The following interesting case is reported by T. G.

Comstock; M.D., of St. Louis, Mo., in *N. A. J. of Hom.*, 1861, vol. 9, p. 425 :

"*Noma*. H. S., male child, æt. 16 months, admitted in hospital, July 27, 1859.

"Child is still nursing; was born in Illinoistown, opposite St. Louis, in the "American Bittern." The disease made its appearance fourteen days before the child was admitted to the hospital, and the first symptom the mother noticed was a fœtid breath and the falling out of the upper incisor teeth.

Status Præsens.—The upper lip presents a gangrenous phagedenic appearance; in fact it has nearly all sloughed away, and with it a portion of the septum of the nose, as well as the alveolar process of the upper jaw beneath the lip. The stench arising from it is horrible, but the child, although weak and fretful, was at times lively and free from fever; the pulse was, however, much accelerated and irregular. *R. Ars.*, 1 every two hours, and kept lint constantly applied wet in a solution of Hydrochloric acid and water.

July 29th.—The gangrene seems to have spread, and its ravages seem to extend upwards, so at least one-third of nose has sloughed away.

I now applied to it a solution of the chloride of zinc (5 grs. to one ounce of water) instead of hydrochloric acid, in the same manner as the last named preparation; the *Ars.* was continued.

July 30th.—The sloughing has increased; the child looks more and more frightful, and the chloride of zinc has not relieved the horrible smell. We now ordered it frequently washed with charcoal water, and lint dipped in a solution of chlorate of potash to be constantly applied. The sloughing continued to spread, and the greater portion of the nose disappeared. In the meanwhile, we gave the child, from the first, beef tea and pan-

ada with wine in it; after the loss of the incisor teeth the little thing refused to nurse.

Aug. 1st.—The lateral incisors and first molar teeth of the upper jaw have all fallen out, and the phagedena, which is approaching the upper of the nose, has produced a discoloration of the surrounding parts which extends even to the internal canthi of the eyes.

The mother saw fit to remove her child back to Illinoistown, believing that "no doctor could cure it" (which was indeed true) and the little one died two days after. It will be seen that our treatment was here unsuccessful, although, in former years, we have treated one or two patients in a similar way with success. What is particularly interesting in this case, is that this disease was caused by marsh-malaria.

HALE'S EXPANDING SPECULUM.

BY A. M. PIERSONS, M.D., NEW YORK.

Every physician should possess it. Every student who now or hereafter shall graduate should make it an important part of his gynecic armamentarium. Physicians who have once used it are a unit in praising its virtues. Many have no use for any other. I had seven before buying Hale's. Now six of them are idle.

I am not now writing to gynecologists. All such know the value of Sims' speculum, with its modifications. But Sims' is for the specialist, not the general practitioner. Hale's is for both. Nor am I writing for Professor Hale, whom, personally, I do not know; but of his speculum, about which I cannot say good things enough. Evidently all do not agree with me, for Eaton, in his late and excellent work on Diseases of Women, does not so much as mention it. Why is it thus? Not, certainly, because it has

no merit, for he gives prominence to three which are infinitely inferior. The general practitioner does not operate, therefore he does not need a Sims'. He has not nor does he need an assistant, and he cannot use a Sims' alone to any advantage. Again, many ladies will not have an assistant around. With a Hale's, the physician, for the purposes of examination, local applications, minor operations, and so forth, be alone. To use any of the old valvular speculums, the lady was obliged to lie with buttocks projecting beyond the edge of the bed or table, so as to allow the necessary room for handle and thumbscrews. This position was not alone unpleasant, but where your space had to be economized, it was decidedly inconvenient. With Hale's, the expanding gear being above, no such objections can be made, for she can lie upon a sofa or a bed without any additional rests for her feet. Furthermore, it suits any sized vagina—at least of married women. The expansion at the heel of the speculum can be made to fill the largest sphincter, and hence the speculum becomes self-retaining. At the same time it gives the operator abundant room to manipulate his instrument.

PECULIARITIES OF INFANT ANATOMY, PHYSIOLOGY AND DIGESTION.

BY H. L. WALDO, M.D., WEST TROY, N. Y.

While the necessities of nutrition require that the food of infants should contain at least one compound from each of the three classes of food, there are certain anatomical and physiological peculiarities of the infant that require this food to be presented in certain forms, in order that it may serve the purpose of a nutriment.

Suction seems to be a reflex movement, in the very young infants, excited by the presence of any small ar-

ticle held in the mouth, and nature has taught it no other way of conveying to the pharynx those substances which are its foods. If fluid is given in any other manner than by suction, it will run out of the mouth, unless care is taken to carry it far enough back to excite reflex movements in the œsophagus. It was evidently Nature's design that the young infant should obtain its food by suction, for which purpose the food must be in a fluid state.

All the movements of the infant are characterized by weakness, all the physiological processes are characterized by feebleness, and we are justified in concluding that the food should be very easy of digestion, in order not to overtax the delicate organism. "The intestinal tube is much shorter in the infant than in the adult, and the large intestine approaches more nearly in its length to the small. The cæcum is very small, the peristaltic motion is rapid; all these are evidences that food taken will be kept for a shorter time in the canal, and, therefore, should be in the condition most favorable for digestion."*

When this simple apparatus is compared with the complicated digestive apparatus which exists in herbivora or with that of the adult man, it is evident that animal food is what is required by the infant organism.

The salivary glands do not secrete saliva till after the third month, and the pancreas does not commence its activity till a still later period;† and, when these organs do commence to secrete their respective fluids, it is at first in small quantity. It is thought that not till the beginning of dentition do they become sufficiently active to aid, to any extent, in the process of digestion,‡ and even

* *West's Diseases of Children*. London and New York, 1841, pp. 402, 403.

† See Statement of Prof. Zweifel, of Erlangen, in *Medical Record*, November 3, 1877.

‡ See communication of Dr. Prospero, of Piza, in the *Practitioner*, for September and October, 1872. I have seen this quoted by some American author, but I have mislaid the reference.

then it is doubtful if they are prepared to perform that proportion of the digestive process that they perform in after years. Korowin, of St. Petersburg has proved that, during the first two or three months of life, the salivary and pancreatic glands are in an undeveloped state, and cannot digest starch or emulsify fat.

This being the case, it is evident that no fats should be given to a child before dentition, except they are already in a state of emulsion, for only in this condition can they be absorbed or in any way assist nutrition.

It is also evident that no food containing starch is admissible before dentition, for starch must be converted into glucose before it can be absorbed, and this transformation can be effected only by the juices of the salivary glands and pancreas. "It is absurd to attempt to nourish children upon starchy food, not artificially digested before the period at which the saliva and pancreatic juice attain their functional activity. In the early months of life, probably till the beginning of dentition, infants offer a true physiological dyspepsia for starchy aliments, caused by the inactivity of one, at least, possibly of all the humors that concur in the digestion of these aliments."

Dr. Routh says that starch should not be given till the eighth month, and I should certainly not give it before that time, and not then unless the development of the teeth indicated that the pancreas was developing also. This is one of the most important matters connected with the artificial feeding of infants, and one which cannot be disregarded without greatly endangering life. To introduce into the stomach a substance which cannot be digested is to produce irritation and disease, especially if these substances are of a nature to ferment or decompose.

From a consideration of the facts just presented, it is evident that there are two periods, during the time that an infant is artificially fed, and that the nature of the

food that may with safety be employed differs in each.

During the first period, which embraces about the first seven months of the child's life, no food containing starch in any form should be allowed, and fat should only be given in a state of perfect emulsion, and all food should be in the liquid form. These conditions are all fulfilled in animal milks, and, when these do not agree, or cannot be procured perfectly fresh and pure, the food employed must be chemically and physically identical with them. Gradually, as the teeth develop, and, with them, the salivary glands and pancreas, starch may become an ingredient of the diet, and fat may be given without first being emulsified. When this condition of the digestive organs is developed, the child is in the second period mentioned above. But, up to the time it is a year old, a great part of its nourishment should be in the liquid form and free from starch and solid fats.

ABSENCE OF MENSTRUATION TERMINATING IN ADDISON'S DISEASE.

BY MARY W. NOXON, M.D.

Read before the New York State Homœopathic Medical Society.

Mrs. McE., aged 42, never had menstruated; was examined March 25, 1875. I discovered a fibroid tumor, about the size of a hen's egg, in the cellular tissue, between the rectum and vagina, located some three inches from the entrance; she *then told* me that a similar diagnosis had been made by another physician. Objecting to an operation, she was put on *silicia* ²⁰⁰, following up the symptoms with an occasional dose of *lycopodium* ²⁰⁰, and *hepar. sulph.* ²⁰⁰, under the action of these remedies, faithfully administered for twenty-two months, every vestige of the tumor disappeared. The following history of the case has been kindly supplied me by her medical

attendant: She says the patient's poor health dates from the serious illness of her husband five years previous to her death, at which time she had undergone great mental anxiety and bodily fatigue, and the whole train of symptoms associated with anteversion of the uterus, which invariably disappeared upon the organs being replaced. While under uterine treatment a hard tumor about the size of a hen's egg was discovered between vagina and rectum; patient supposed it to be the remains of a tumor diagnosed soon after marriage. The tumor softened and disappeared within the following two years and her health generally improved. During the winter of 1876 and 1877 she suffered with throat and lung trouble, had been subject to slight attacks of bronchitis for many years. The winter of 1876 and 1877, about the time she was under treatment for the bronchial irritation, she was thrown violently on the back while walking on an icy sidewalk, and for several days suffered severe pain in the back, especially through the lumbar region; health remained poor during the entire winter. The following summer first observed a change in complexion, a sallow appearance, with well defined pigmentary spots on the forehead, such as are frequently seen in chronic uterine diseases. She began to lose flesh, had occasional attacks of vertigo, constipation and depression, though naturally joyous and light-hearted. The same summer she was much benefitted by a trip to the White Sulphur Springs, Va. During the winter of '77 and '78 her health was much better than the winter previous; the lung and throat trouble seemed to disappear, but the eyes became very troublesome. At one time she was unable to sew or read for two or three weeks. Complained occasionally of severe aching of tongue when talking, periods of distressing constipation and back ache, although mingling constantly in a large circle of friends and attending to all social duties. In the spring of '78,

she left the city and returned to her country home materially improved in health, and natural color restored. In the early summer was miserably depressed, with occasional loss of appetite, nausea, vertigo, constipation; thin, but far from being emaciated; face and hands yellow, with a sun-burned appearance; hands much darker than face. Often complained of rheumatic pains in back and limbs. Frequently had days of feeling well and energetic, and attributed her lassitude and other ills to want of employment. Pulse, temperature and urine normal. In September went on a visit to Boston and vicinity. Took a severe cold on the journey. Called Dr. Hedenbergh, of Medford, Mass., who thought her suffering from malaria. She improved in a few days, and was about as usual. Remained in this condition until the latter part of September, when Dr. H. was again called for nausea and general debility. She became sleepless, very weak, with dyspnoea upon the slightest exertion, with one attack of severe colic. After a few visits Dr. H. diagnosed the condition as Addison's disease. On October 5th his diagnosis was confirmed by Dr. Woodbury, of Boston, the patient going four miles by rail to see him. October 6th.—Too ill and weak to leave her bed. October 7th she dressed and was carried down stairs for a few hours, but was feeling very ill. October 8th returned home, a journey of twelve hours by rail; said she felt better at the end of her journey than when she started; had scarcely slept for four days and nights. October 9th passed a restless night; very little sleep; distress and burning in gastric region. Pulse 88, weak; temperature 99°. Noticed she moved constantly in bed, but was chatty and in good spirits. Complained only of distress after food; frequently sat up and walked about the room, but grew very tired and breathless. October 10th, had a poor night, but more sleep than the previous night; nausea and distress

after food continued; occasional sleep during the day, which left her weak and feeling worse ; not so restless as day before. In good spirits ; interested in everything; walked about the room. Pulse 80, temperature 99°, bowels confined, tongue clean, hiccough during the day, attack of dyspnœa toward night. October 12th, very ill, retching and vomiting after food, constant distress in gastric region ; during the day slept two hours and awoke saying "she felt refreshed, the most natural sleep she had had for a long time." Pulse very weak, could not count it ; temperature normal. In afternoon more quiet, appeared better and looked much brighter; very little sleep during the night ; sleep prevented by gastric disturbance ; frequent micturition, passing little at a time, with burning after urinating. October 13th. Feeling very ill, frequent attacks of hot flushes, causing extreme restlessness ; the least nourishment causes retching and vomiting, hiccough, a peculiar salty odor from the breath and general surface, constant desire to urinate, bowels confined, mind perfectly clear, but too ill to be interested ; complained of hands and arms going to sleep ; temperature normal, pulse imperceptible, rapidly growing weaker. October 14th. Says "she feels very sick all over"; retching and vomiting, no pulse perceptible; temperature 96½°; nourishment by rectum, not retained ; during early part of the day two or three distressing attacks of hot flushes, followed by perspiration ; cold surface ; rapidly growing weaker ; drowsiness in the afternoon ; mind perfectly clear ; complained of right thumb going to sleep, hand felt cold; left one warm ; face cold; asked for Bryonia to relieve distress in stomach. A few moments before death raised her head from pillow and said she could not see distinctly; breathing grew more labored; slight convulsive movement, died quietly at 7 P. M.

I was called by the family to see the patient on the evening of Friday, October 11th; unhesitatingly con-

firmed Dr. Hedenburgh's diagnosis and requested consultation. A telegram was sent to Dr. Joslin, who arrived at 3 P. M. on the following day; made a very thorough examination and decided also that the diagnosis was correct. There is but little to add save a few items given by the patient's mother, and the autopsy made by Dr. McDonald. Her mother remembered her childhood as a remarkably healthy one, up to the age of seven, when she had measles, succeeded by scarlet-fever, which was followed by inflammatory rheumatism; she was left with gatherings in the head, which produced partial deafness of the left ear. At this time she was a patient of Dr. Gerscheidt, of this city, and for several years after he frequently treated her for enlarged lymphatics; with this exception she was a bright active child till the age of twelve, when from a small, delicate girl she suddenly developed large features and frame; this transition surprised her friends on her return from boarding school. With this development appeared signs of menstruation; suffered the usual pains in back and abdomen; at the age of fourteen symptoms more marked and severe; spent three months at a water-cure, and each month was assured the menses would be brought about, but not the slightest discharge ever appeared. She continued to have these monthly attacks of pain till several months after marriage, when for four or five consecutive months she had a painful tumor on vulva, which gathered and discharged large quantities of a thick, whitish substance, which had the appearance of thickened yeast. She was married when nearly twenty, and with the exception of these monthly attacks enjoyed good health, weighing 140 pounds. Some time during the first years of her marriage she was examined by some of the most eminent physicians of this city, who told her husband that she had a tumor nearly the size of a child's head, they advised leaving it alone, saying it

might increase in size and prove fatal, or it might disappear; she afterward traveled in Europe, enjoying good health and feeling no inconvenience from the tumor, except weight on walking. Several years ago, while with her husband in the mountains, she was strangely ill with what she supposed was inflammation of the bowels; beyond the reach of a doctor, she treated herself from her homœopathic book and box and made a good recovery. With this exception and the vulva tumors, she had no illness which confined her to the bed during her entire married life a period of twenty-four years.

Autopsy made by Dr. McDonald, October 16th, there being present Drs. Joslin, McEntee and Noxon.

Lungs.—Pleuritic adhesions in both apices, fibrous consolidation and calcareous deposit in apex of left one; hypostatic congestion of inferior lobes of both lungs; slight evidence in right apex of cured tubercular disease.

Heart.—Weight seven ounces; ventricles materially diminished in thickness; aortic valves in good condition.

Liver.—Weight one and three-quarter pounds; largest dimension eleven inches; left lobe particularly soft and lax.

Spleen.—Weight one-quarter pound.

Diaphragm attached over the external surface of left lobe of liver.

Gall duct three and one-half.

Peyer's Patches.—Deposit, thickening and injection in one, with simply deposit and thickening in another.

Pyloric Orifice.—Some thickening, with extravasation under gastric mucous membrane.

Kidneys.—Small amount lobulation, and in one or two places the cortical substance was stripped off with capsule; some wasting of cortical substance; supra venal capsules adhered to capsule; surface hard and nodular, and nodules show internally in shape of tubercular lumps; granular substance from size of a shot up to a

small pea. *Right Kidney*.—Extra production of capsule; more caseous degeneration; more atrophy of cortical substance.

Uterus and Vagina normal in size; small fibroid attached to the superior margin of the cervix.

Ovaries undeveloped; representing them two cysts about the size of Sicily oranges containing a serous fluid.

PELVIC CELLULITIS.

BY D. B. WHITTIER, M. D., FITCHBURG, MASS.

Read before the Massachusetts Surgical and Gynecological Society.

MR. PRESIDENT:—On receiving the announcement for this meeting, I learned that I was expected to present a paper. But what I have to offer does not approach the importance of a paper. I have not entered upon a discussion of cellulitis or its treatment; only upon some features of it that seemed to me peculiar and of unusual mildness.

What I have to present, is more a brief summary of an observation by an interested observer. I claim nothing for myself in the report I make, except that diagnosing ability was needed, nor yet for medicines, as I believe Nature was the most potent remedy in the treatment, and shall not rob her of her laurels by any attempted substitution of qualities of my own or those of medicines.

It is a misfortune that physicians stand in such fear of a discount to their professional reputations, as to induce them to report *only very nice* cases; too nice often for their credit. So nice indeed, are they, as to place them almost without the pale of ordinary practice. Our *reported* experience is too one-sided; all successes are achieved by our skill. If in cases in which there are any hair-breadth escapes of patient or physician, we are sure to be superior to such emergencies, and in the race for success, we come in on the home-stretch with flying colors.

My case is purposely not of these varieties; but one not so high in the scale of excellence as not to admit of remark. The inducement in presenting it is, that some discussion may be elicited.

The duration of this case was from May to September, with still a prospect of its requiring observation.

A CASE OF INDOLENT PELVIC CELLULITIS.

I present this case, because if my diagnosis was correct, it presented some features differing largely from the usual course of pelvic cellulitis in its inception, subjective symptoms, and postural treatment. To my mind the most important of the departures, were those of its cause, the remarkable moderation of acute and painful conditions, that allowed an exemption from postural restraint, which I would not usually dare to practice. If my management of the case should seem presumptuous and subject me to your criticism for the ease I allowed it to progress, the freedom from confinement of the patient, and from surgical interference; you will recollect that plain common sense has no less a function in the conduct of our business than that information of to-day recognized as science.

If in analogous cases our patients can be excused from the fret and debility incident to a four-weeks' confinement in bed, we shall secure an advantage in strength and comfort, for contingencies sure to be required.

Similar cases may lead us to adopt a conservative treatment that may assist in verifying the fact that Nature is often as good a surgeon as some of us tyros would dare to be, when called to operate on internal structures when a doubtful sense of touch is the only guide. To this uncertainty of touch is often added a doubtful diagnosis, not always confined to those of a limited experience.

Mrs. F., aged 27, dark complexion, medium height,

weight and flesh. Calls herself in comfortable health, but is disturbed in mind on account of absent menses. Her history is briefly as follows: At the age of twelve she had her menses regularly, but for three years following very profusely. At fifteen she caught cold which was followed by a lingering cough, declining health and subsequent abdominal dropsy, conditions which raised a suspicion in the minds of physician and family, of incipient consumption. By the aid of specular examination the attending physician diagnosed ulceration of os uteri, and treated it with caustic. From some cause an inflammation supervened which he located in the bowels, the attack lasting three weeks, when apparent recovery took place. At the age of eighteen, and for four and a half years following, the menses were quite normal; when a gradually decreasing flow was in six months followed by suppression.

This amenorrhœa, strangely enough, induced a better state of health and strength for two years, when again a decline in health was experienced, this time she thought it attributable to hard work.

At this period of her history, and at the age of twenty-five she married. Naturally in the course of time, a strong desire possessed the pair that children should bless their wedlock. This desire was supplemented by pseudocyesis. I could not be positive of her inability to conceive, since menstruation might take place without objective evidences, and conception be possible. There was present as evidences of pregnancy, the vesical tenesmus of the primipara, nausea, mammary enlargement, increased sexual desire and motions simulating the foetal. I allowed my patient to entertain the delusion, inasmuch as she was feeling much improved under its influence; and it was not dispelled until I looked for the physical development of pregnancy, and it had not ensued.

Up to this time she was only under observation. Nine months having elapsed, an examination revealed the uterus somewhat larger than normal, but no indication of its containing any substance. About two weeks subsequently, with menstrual feelings and while at the closet, she passed, with some pain, some substance per vagina, which was followed for a few days by a mucus discharge. Her condition was one that now presented to her mind more of concern than anomaly, and in two weeks after the last narrated event, she presented herself for treatment. She had not menstruated for three and one-half years, unless a slight periodic monthly epistaxis with headache, which occurred up to her supposed pregnancy, is mentioned as a substitute. No other ill effects were observable.

An examination disclosed heat and tenderness of anterior vaginal wall and general discomfort in the pelvic cavity.

The uterus was somewhat enlarged, tender on touch and prolapsed, but movable. By measurement its cavity was increased, and on removal of the sound, bloody mucus was found adhered to it. Thus endometritis was recognized. The treatment prescribed was bell. 1st and merc. cor. 3d, in alternation internally, with copious hot water vaginal douches medicated with belladonna ext. locally, and quiet in a recumbent posture. This treatment was without marked benefit so far as arresting the inflammatory deposit was concerned, but I am not able to state with assurance how much the disease was modified by it. In a few days, however, her condition being improved, she disregarded my injunction by moving about the house and doing light work. I declined to assume any responsibility of danger consequent upon her persistent disobedience, nor did I accede to the liberty she took until I saw her symptoms were not aggravated by it.

Her general condition remained nearly stationary for

weeks; but the local showed continued inflammation and increasing deposit, encircling the uterus except on its anterior aspect.

The infiltration had become hard and unyielding, painful on pressure, manifestly so in the posterior cul de sac, and the uterus was crowded forward to the os pubis and immovable. The thermometer averaged through the height of the disease about 101° , indicating only moderate fever. The pulse ranged between 90 and 100.

Continued progress of the local symptoms was now manifest, as unguarded movements or jars produced sharp pains in the morning, but were limited to a feeling of soreness in the afternoon, giving rise to the suspicion that motion was a condition of amelioration.

Frequent digital examination was made, but I did not detect fluctuation, nor was even a boggy feeling imparted to the finger. To my mind there was no positive evidence that surgical interference was demanded. The constitutional symptoms were slight, and as no indications of septicæmia presented, the usual danger from pelvic deposits in process of degeneration was regarded as small, except the method of its exit.

Aspiration promised no advantage, except that which would be accidental, and, as afterward shown, the attempt by which benefit would be sought by it would have proved a failure, as the density of the fluid and the fragments contained in it, would have prevented it passing through the largest sized needle. The occurrence of chills, nausea, faintness at stomach, loss of appetite, thirst and vesical tenesmus, indicated an approaching crisis, which in a few days ended by the tumor bursting into the colon or rectum; the prominent symptoms immediately subsiding.

The discharge from the anus was largely albuminous, portions of which had the consistence of a semi-solid, or the appearance of being partially cooked, and in the test

tube measured about 75 per cent. of albumen. It, however, became yellowish in color and of an alvine odor, but retained its albuminous character throughout. Microscopic examination showed pus corpuscles sparsely intermixed with a large quantity of debris, probably broken down tissue. The quantity of fluid evacuated was not ascertained, as most of it was voided at the closet. When it had drained away, the mass gradually shrank, but there remained an induration, the most dependent parts of which was hard, thick and unyielding, and pressing well down in the pelvic cavity. For subsequent treatment, I prescribed, internally, hepar. sulph. 6th, every four hours, and syr. of protoxide of iron after each meal. Pledgets of cotton saturated with glycerine were applied locally twice a week, to assist in removing the remaining induration. As to results, there is no enterocele; the induration disappearing, the parts give way to bimanual pressure, the uterus is being freed and is receding to a more posterior position. As yet there is no added complications to the original abnormal conditions, except that the fundus uteri is held somewhat depending to the left, with a possibility of a permanent lateral version, for a restoration of which time and opportune manipulation, with the possible aid of a pregnancy, will be necessary for its accomplishment.

At the present writing my patient has acquired her usual degree of health, and has assumed her domestic duties without much inconvenience.

The fact that sterility has existed for two years is evidence that both anatomical and pathological abnormalities were present, as neither of these causes rarely exist singly. What those changes were did not appear until the accession of pelvic inflammation led to an exploration and inspection. This examination disclosed proofs of a former perimetritis and existing endometritis. That cellulitis was dependent upon the latter for a cause, was more than

probable, unless the question of a so-called false conception and subsequent abortus shall be considered as offering a preference. It is quite unnecessary for me to remark that I make any claim of merit in the conduct of this case, for such obviously does not appear. Nor do I cite it as one to be followed in all cases. It is fair, however, to make the deduction that, in analogous cases of indolent pelvic deposit, we need not be unduly alarmed or mislead by the portrayal in our text books of the grave symptoms and consequences of this disease.

SEPTICÆMIA FOLLOWING ABORTION.

BY J. H. CARMICHAEL, M.D., WORCESTER.

Abstract of a paper read before the Worcester County Homœopathic Medical Society.

GENTLEMEN:—During the last year it has been my misfortune to attend two cases of septic poisoning following abortion. The subject has been one of exceeding interest to me, and I ventured to write this paper to this society.

Firstly, It is proper for me to state that I do not intend to dwell upon the duties of physicians in attendance upon abortion, for our colleague, Dr. Bennett, has written an able paper upon this subject, which appeared in the last number of the HOMŒOPATHIC JOURNAL OF OBSTETRICS, as well as those from the pens of Dr. Minton, of Brooklyn, and Dr. Foster, of Chicago, in the February number of the same journal for the present year. They are all able, and were I to criticise either of them, I should not disagree with them as to the general treatment. But, at the same time, I do not think any of them paid sufficient attention to the greatest of all dangers following abortion, septicæmia.

They all speak as though hemorrhage was of paramount importance, and mostly to be guarded against,

and only mention septic poisoning as liable to occur, and there dismiss it; giving us meagre instruction to guard against it, but say nothing about its treatment. Why is this so?

Probably the cause is here: Our authorities are particularly barren upon the subject.

Most of our older allopathic works upon obstetric practice do not recognize it at all as far as I am able to ascertain, and even now our modern works nearly ignore the subject. They mention it, and drop it, as we do a patient after life has departed (unless peradventure, we have a chance to hold a post-mortem).

Richardson, whom I greatly admire, says not a word; Guernsey speaks of gangrene of the uterus following septic poisoning, but nothing more.

Dunglison defines septicæmia as putrid infection. "A morbid condition of the blood, produced by septic or putrid matters, animal poisons especially." *

By septicæmia is understood the effects which are produced by the presence of putrid matter in the circulating blood.

When a person receives an external injury sufficient to cause an inflammatory process of considerable extent and intensity, in the part injured, this process is usually followed by a general disorder of the vital function, the most prominent symptom of which is pyrexia. This pyrexial state, which, so commonly occurs after surgical operations and other extensive local injuries, is what is usually known as *traumatic* or *surgical fever*.

Respecting the cause of this fever—it is mainly due to the absorption of some of the products of the local inflammatory process.

In other words, it results from the dissemination of certain infective materials from a focus of acute inflam-

* Green's Pathological and Morbid Anatomy.

mation. This being the case, whatever interferes with the removal of the inflammatory products from an injured part, and thus favors their absorption, tends to induce or to intensify this febrile state. This is exemplified by the well known effects which are produced by pent-up pus, which effects subside after its evacuation.

Closely allied to this traumatic or surgical fever is the condition known as *septicæmia*. Here, also, there is an absorption of certain infective substances from some local lesion, but the general disturbance of the vital function to which they give rise is much more considerable. Septicæmia appears, therefore, to differ from simple traumatic fever mainly in this—that in it the infective process is one of much greater intensity. No sharp line of demarcation, however, can be drawn between the two.

The clinical phenomena of septicæmia, as observed in man, are characterized not only by pyrexia, but also by vomiting, diarrhœa, muscular enfeeblement, affecting particularly the heart and respiratory muscles, and ultimately a condition of collapse which tends to terminate in death.

After death the blood is found to be darkened and less firmly coagulated than usual. Extreme congestions and ecchymoses are met with in internal organs, especially in the heart, lungs, and gastro-intestinal mucous membrane. The spleen, liver and other viscera are enlarged, friable, and abnormally vascular; and little patches of lymph are seen on the pleura and pericardium. Metastatic abscesses and all other secondary inflammatory lesions are completely absent. Such pure uncomplicated cases of septicæmia are, however, comparatively infrequent, the septicæmia being usually associated with the development of secondary suppurative inflammations—a pyæmia. A simple septicæmia is, perhaps, most common in the puerperal state (puerperal septicæmia).

In studying the pathology of septicæmia we must con-

sider: First. The nature of the infective material, the septic poison, and the conditions under which it is produced. Second. The circumstances which influence its absorption and dissemination. Third. The changes which it produces in the circulating blood. Our knowledge of all these questions has been derived mainly from the experimental investigation of infective processes induced in the lower animals; and amongst those who have contributed most largely to this knowledge during the past few years are Professors Billroth, Bergmann, and, in our own country, Dr. Burdon Sanderson.

1. *The Septic Poison*.—Firstly, with regard to the infective material, and the circumstances under which it is produced. In the natural disease this material originates in connection with some local inflammation, or much less frequently with some wound in which no inflammation is present, as the uterus after delivery.

It is in the albuminous liquids of such local lesions that the septic poison is produced, and its production appears to be invariably associated with the *putrid decomposition* of the liquid.

In the disease artificially induced in the lower animals the poison is introduced from without, and consists of some putrid liquid, such as a putrid infusion of muscle.

It is well known that the putrid decomposition of albuminous liquids is always associated with the presence in them of *bacteria*, or their germs.

In a series of experiments made in the laboratory of the Brown Institution, in 1872, with the object of determining the nature of the septic poison, Dr. Sanderson found that these, or similar organisms, abounded in all liquids which were capable, when introduced into the circulation of an animal, of producing septicæmia; and from the results of these and more recent experiments, Dr. Sanderson concludes that the *agency of bacteria is essential for the production of the septic poison*.

But although the production of the poison appears to be invariably associated with the presence of bacteria, it is something quite distinct from the process of simple putrefactive decomposition. That this is so has been proved by Bergmann, who has shown that this poison can be produced by the action of bacteria on non-albuminous liquids, the first crop, which are rod-shaped, active organisms (*bacteria propera*) are inert; but as the process of cultivation proceeds, spheroidal and less active organisms are produced (*micrococci*), and the liquid becomes intensely virulent. From these facts Dr. Sanderson infers that the poison is not a product of the septic disintegration of the protein substances, but something much more intimately associated with the existence and growth of the organisms themselves.

The production of poison being thus dependent upon the agency of bacteria, the question arises whether its effects are due to the direct action of the organisms themselves. In answer to this question, the results of Dr. Ander's experiments appear to be conclusive. This observer has shown that the complete destruction of the organisms in a liquid which has been proved to be septic in no way impairs the virulence of its action.

From these investigations we must thereby conclude that the septic poison is a product of the growth of bacteria; "but," says Dr. Sanderson, "*bacteria are incapable of producing the poison in the healthy organism.*"

To illustrate—every time you make a subcutaneous injection you inject septic germs into the tissues. Dr. William Roberts, of Manchester, Eng., puts this point to the test with a morphia solution used in the Manchester Infirmary. He injected five drops of the solution into four flasks of sterilized beef-tea, which had remained unchanged in his room for several months, taking care to avoid any other source of contamination. In forty-eight

hours they were all in full putrefaction. But you know that no such effect follows when similar injections are made into the bodies of our patients.

The condition which appears to be necessary for the development of the poison, is some abnormal state of the living tissues, such as is produced by injury. It is in the products of such injured tissues that the development of the bacteria and the production of the poison can take place. Inasmuch as the agency of bacteria is essential for the production of the septic poison, it will be readily understood why, in the majority of cases, septicæmia originates from lesions which are in direct communication with the *external air*, and also why the development of septic processes is favored by the crowding together of persons with open wounds; for, as pointed out by Mr. Savory, the decomposition of an animal fluid is hastened by the introduction into it of any other animal matter which is also undergoing active putrefactive change.

2. *The Absorption of the Poison.*—Having discussed the nature of the poison, and the circumstances under which it originates, it remains to consider how it becomes absorbed and is disseminated. Putrid liquids in contact with injured tissues—liquids capable of producing the most intense septic processes if artificially inoculated—do not always become absorbed. The causes which in some cases favor their absorption, and in others prevent it, must be looked for, according to Mr. Savory, in the condition of the tissues with which they are in contact. A fresh wound is a very rapidly absorbing surface, but Billroth and others have shown, experimentally, that healthy granulations offer a decided obstacle to the absorption of fluids from their surface. When, however, the granulations become partially destroyed, or are in an unhealthy condition, fluids readily permeate them. It must, then, be considered, as exceedingly probable that the absorption of the poison is intimately connected

with some abnormal condition, due to injury or disease of the tissues with which it is in contact. The poison when absorbed, is disseminated by means of the veins and lymphatics.

3. *Changes Produced by the Poison in the Blood.*—Respecting the changes produced by the septic poison in the circulating blood, and in the organism generally, the results of the experimental production of septicæmia show that these are in direct proportion to the quantity of the poison that is introduced. The poison does not multiply in the body, and in this respect, therefore, septicæmia differs from the closely allied pyæmia. Now, gentlemen, *what are the conditions we find that favor septic poisoning*, particularly after abortion?

1st. At the time of conception the uterus becomes suddenly enlarged through an increased supply of blood to its parietes, the mucous lining is hypertrophied, and convoluted, the mucous follicles enlarge, the cavity of the cervix is filled up with a mucus plug, a kind of pavmented epithelium is formed, that soon developes into a membrane covering the entire inner surface of the cavity of the womb; the decidua vera. On the arrival of the impregnated ovum in the uterus, it finds a lodgment in one of the convolutions of the thickened membranous lining, and the epithelial layer above referred to developes a proliferation of cells that are reflected over the ovum from either side till they meet and unite, thus encircling the ovum in another envelope; the decidua reflexa. These membranes, it is thus seen, are really only one membrane; between their folds is found a fluid which is gradually absorbed as the developing ovum pushes the decidua reflexa toward the decidua vera. To these are added the amnion (the inner envelope of the embryo), and the chorion the outer envelope.

These membranes all unite at the seat of attachment of

the ovum to the uterine parietes by an interlace-work. At the third month of pregnancy the placenta is formed which is composed principally at this time of capillary blood vessels, that emanate from the embryo through the villosities of the chorion, and other vessels from the uterine system of the mother, which lay in direct contact, but do not communicate directly with one another. The blood supply comes from the uterine system for the nourishment of the embryo by endosmosis.

The placenta is usually situated upon the upper portion, but may be found attached to any part of the internal surface of the womb. Therefore, before the third month of pregnancy we do not really have a placenta to be expelled; prior to this time we have the membranes just mentioned, and when they are ruptured and the embryo escapes we have a ragged mass of tissue, which being now abnormal, is illy nourished, very friable, remaining partly attached to the internal walls of the uterus. Mixed with the tissues are blood and mucus which are especially prone to become decomposed on account of their semi-moribund condition.

The enlarged womb at this time readily absorbs this septic poison and we have septicæmia with all of its attending evils. This is more liable to take place between the second and third months, before the placenta is formed and the uterus has attained to a size sufficient to cause the expulsion of its contents by contraction. After the third month, the placenta being formed, it is generally removed entire, either by nature or art. Again it is at this time that we meet most of the cases of abortion, as it is at the second or between the second and third month that criminal abortion is most frequently performed. (That most dastardly and villainous practice, which is not always confined to the professionals, as many women operate upon themselves or their husbands do it for them.)

When called to a case at this time, if soon after the embryo has been expelled, if we find a closed cervix that is firm to the touch, with slight hemorrhage, we need have no fear, but give china, or some other indicated remedy, ordering at the same time hot vaginal injections, and wait the result, which will generally be all desired, viz., expulsion of the membranes; at the same time carefully keeping a watch over the case. But, suppose we find a flabby condition of the cervix, that is dilated, with no tendency to contract, and a constant oozing of blood, or no hemorrhage; what are we to do? If we can pass our index finger into the womb, while at the same time it is well pressed into the pelvis with the other hand, we may do so and remove all particles that are loose, or disengaged; and if any other portions can be readily disengaged, empty the uterine cavity. Then inject it with a 2 per cent. solution of carbolized hot water, unless it has already closed; in which case hot carbolized vaginal injections will be sufficient. Again, suppose we are called to a case three or four days after the expulsion of the embryo, where septic poisoning has already taken place, the patient has had a severe chill with a rapid pulse and high temperature, what are we to do? We are to do precisely as we did in the last case, viz., remove all particles from the uterine cavity of whatever nature and wash out its cavity as well as the vagina. I insist upon this. Do not hesitate because you recognize that your patient is very sick and you fear the consequences of the operation. My word for it, she will resist the shock of the operation many times better than a few hours of the absorption of the poison steadily going on with every impulse of the heart.

I recognize that this is not always as easily performed at the bedside as with a pen upon paper; but, if you find you are unable to evacuate the uterus yourself do not hesitate to call counsel and do all in your power to re-

move the cause of your patient's illness. The uterine cavity *can* be emptied, even if it is necessary to go so far as to etherize your patient, introduce a Sims' speculum; apply the tenaculum, or vulsella, and then remove the contents with the curutte.

Why do I insist upon this? The effects of the septic poison are proportionate to the dose, and it has not the least power of self-multiplication in the body, consequently remove the local putrid matter to the last particle and then cut off the supply, and your patient's system will stand a chance of eliminating what has already been absorbed; while, if the poison is allowed to remain the absorption will go on, and soon there will be complete destruction of the white blood corpuscles, and death. In the dangerous cases I do not think you will ever find any difficulty about the dilatability of the cervix, for it is just these cases that I wish to call your attention to particularly.

To recapitulate—*A dilated, soft, flabby cervix that is destitute of all action.* Be on your guard in these cases, and when you find one of this kind, do not hesitate to remove the contents of the womb as soon as possible, and if possible avoid a very severe if not fatal form of disease. And furthermore; do not deceive yourself into the idea that it will come away if left to Nature, or by the imaginary action of some drug. You may give your drug, have carbolized injections used, or use them yourself, destroy the bacteria; but, unless all of the putrid matter be removed your case will go on from bad to worse and die.

Again; remove all disintegrated tissues. Secondly, use your carbolized cleansing fluid and you will at least do the best that can be done by your patient. As an illustration, I will report two cases coming under my care.

First.—Nov. 21st, 1879, I was called to see Mrs. —,

aged 28. Pulse 140, temperature $106\frac{1}{2}^{\circ}$ Fahrenheit.

Nov. 16th.—After passing two menstrual periods, she commenced having some pain, and a fœtus was discharged. The pain then ceased, and since there has been no pain and very little hemorrhage. This afternoon she had a severe chill, followed by fever, and I was sent for. Upon examination I found the cervix patulous and open, and hanging from it the ragged ends of the membranes.

The index and second finger of my right hand were passed into the vagina, then my index finger into the uterine cavity, while with my left hand I pressed the womb into the pelvis. After working a few minutes my patient complained of faintness and begged of me to desist, but I asked for some brandy, which was fortunately in the house, and without removing my hands I ordered her husband to give her two teaspoonsful in a little sweetened water. I continued scraping away the rotten tissues. Much of them was fully decomposed and in a high state of putrefaction. The odor was terrible, filling the whole atmosphere of the rooms with its stench. My syringe was procured, and I washed out the uterine cavity with a solution of Iodine, 20 gtts. to half a pint of hot water. Milk and beef-tea were ordered every three hours alternately. *Rhus. Rad.* 3x. in water, every two hours.

Nov. 22d, 8 A.M.—Patient sweat profusely during the night. Pulse 120, temperature $104\ 2\text{--}5^{\circ}$. Some nausea, red tongue, with thirst. Upon passing my finger into the cervix, and again removing it, the discharge did not give off an odor agreeable to me; and I again passed my finger to the fundus, moving it about, but found very little to be removed. I again washed out the uterine cavity with the Iodine solution, *Ars.* 3x., every two hours.

8 P.M.—Feels some better; less nausea and thirst, but don't want to take any nourishment. The smell of beef-

tea or raw milk causes nausea; half a teaspoonful of brandy was added to a glass of milk, half of which quantity was to be taken every two hours. Pulse 120, temperature 103 3.5°.

The uterus was again washed out with same solution, followed by a copious injection into vagina. Ars. 3x. was continued.

Nov. 23d, 9 A.M.—Had been a little chilly this A.M. Pulse 128, temperature 104°. Patient very nervous and thinks she will die.

Upon inquiry, found that one of the neighbors had been in and advised a change of physicians; and one in my place who got such cases up in three days, etc. The husband asked me how soon his wife would be up. My answer was: Your wife is very sick, and if she gets up in three weeks I shall be very thankful. If you like I should be pleased to have counsel; and indeed, I shall decline to have anything more to do with the case, unless some one is called in. He said: Will you warrant to cure her? No sir; I would not warrant to cure anything. Well, said he, I think I will change and have Dr. W—. I said, do as you like, and bid them good morning. About three days afterward I saw the man on the street, and upon inquiry after his wife, he said she could not keep anything on her stomach. In three or four days more she was having severe chills of from one-half to one hour's duration. In three or four days more delirious and in a few days more she died. "And," said her husband, "the air of the house was so offensive we could hardly tolerate it." I obtained from her mother, to whom the patient confessed, that this was her fifth abortion in three years. All were brought on by the husband, who used a common glass specula and a long-piped syringe.

ANOTHER.

Oct. 7th, 1880, 2 A.M.—Was called to see Mrs. — aged 21. Pulse 80. Complains of pain in right ovarian region. Says she has been regular, but more pain than usual the past three months. "October 3d was taken unwell in the night and flowed considerable, but it stopped suddenly, and since then I have had some pain, but it came on so severe a little while ago that I could not stand it." Pres. Puls. 30 with hot flannel to seat of pain, and without further examination, left for the night.

Oct. 8th, 10 A.M.—No pain. Says she is all right.

Oct. 9th, 2 A.M.—Was called again. Pulse 96, temp. 101°. Was taken at 1 with severe pain, which left the side and went into the back; not so bad now; it comes and goes. I asked for hot water and made an examination, and I soon found out the cause of the pain. The cervix was dilated and the ragged ends of the membranes hanging from the womb. Upon introducing my finger a short distance there was some contraction; no bad odor. Patient said that no embryo had come away to her knowledge, and that she did not know she was pregnant. This I believed with many doubts; but all I know is this: that I was preceded by a physician, and I did not learn his duties or why he was called. I gave Puls. 3x every half hour, and ordered hot vaginal injection.

11 A.M.—Temp. 101½°; pulse 96. After preparing a carbolyzed solution and washing my hands, I removed all the membranes that were detached. A slight offensive odor was perceptible. The uterine cavity was injected with a 2 per cent. solution of carbolyzed hot water, and China 3x was given every two hours.

Oct. 10th, 9 A.M.—Hard chill yesterday at 4 P.M. Temp. 104 4-5°; pulse 128. Great exhaustion. Gave one tablespoonful of whisky; introduced my finger and removed a portion of putrid membrane from the cervix about the size of a bean. Washed my hands in carbol-

ized water and introduced my finger to fundus, but upon moving it about, did not find anything more to be removed. A carbolized solution of hot water was used, and I started for a nurse and remedies I did not have with me.

12 M.—Have got a nurse; ordered hot vaginal injections every 2 hours. Raw eggs with wine and milk alternately. pres. sulpho-carbolate of soda and quinine 2 gr. pills alternately every 2 hours. At this time tempt. 106°; pulse 136.

6.30 P.M.—Tempt. 103°; pulse 124; great oppression of chest, nausea and vomiting. Continued quinine and sulpho. carb. soda every 3 hours alternately. Verat. vir. ext. 2 gtts. in $\frac{1}{2}$ a glass of water, a teaspoonful every 3 hours. Brandy, $\frac{1}{2}$ a teaspoonful to a glass of milk, 3 tablespoonfuls every 3 hours.

Oct. 11th, 9.30 A.M.—Tempt. 101 1-5°; pulse 104. Some nausea, but no vomiting. Continue sulpho. carb. of soda and quinine every 4 hours. Alternately verat. vir. every 3 hours.

Oct. 12th, 8.15 A.M.—Tempt. 103 3-5°; pulse 120. Delirium for 3 hours last night 9 to 12; nurse thinks caused by excitement by talking to an unliked member of family. Mind clear this morning; no nausea; profuse yellowish diarrhœa; no pain. Verat. vir. ext. in water and ars. 3x every 2 hours alternately. 1 quinine pill every 6 hours.

Oct. 12th, 6 P.M.—Tempt. 104 1-5°; pulse 116. Diarrhœa better, no nausea. Disuria. Continued remedies.

Oct. 13th, 9 A.M.—Tempt. 100 3-5°; pulse 96. Profuse perspiration three times during the night of about an hour's duration. No urine passed since yesterday; no diarrhœa; looks and feels better. Ars. 3x and apis. 3x, alternately every 2 hours.

6 P.M.—Tempt. 104 1-5°; pulse 120. Nearly unable to

void her urine; no pain; no chills. Acon. 3x and apis. 3x every 3 hours.

Oct. 14th, A.M.—Tempt. $102\frac{1}{2}^{\circ}$; pulse 120. Urine passes more freely, but still requires great effort. Bad smelling perspiration during the night; takes milk frequently and a raw egg once a day.

Rhus. rad. 3x and canth. 3x alternately.

Oct. 15th, 10 A.M.—Temperature 102° , pulse 98; urine better. Rhus. rad. 3x continued.

Oct. 16th, 10 A.M.—Temperature 101° , pulse 92; great exhaustion this A.M. Ars. of quinine 3x.

5 P. M.—Temperature 104° , Pulse 120; exhaustion continues; very nervous. Ars. of quinine continued.

Oct. 17th, 5 P.M.—Temperature 102° , pulse 96; much better; slept quietly last night.

Oct. 18th, 5 P.M.—Temperature 101° , pulse 96; hard chill at 9 A.M. to-day; sweat at 12 M.; appears quite well this P.M. Ars. 30x.

Oct. 19th, 9 A.M.—Temperature $102\frac{5}{8}^{\circ}$, pulse 120; three chills during night and this A.M.; no pain; no thirst; feeling quite well; can discover no trouble or any indication of abscess as a cause of the chills; yawns considerably; throat feels constricted. Lachesis 30, every three hours.

Oct. 19th, 6 P.M.—Temperature $98\frac{1}{2}^{\circ}$, pulse 80; feels quite well; sweats profusely.

Oct. 20th, 9:30 A.M.—Temperature 99° , pulse 96; slight chill at 9, otherwise feeling quite well and appetite good Lach. 30 continued,

Oct. 21st, 10:30 A.M.—Temperature $98\frac{1}{2}^{\circ}$, pulse 88; no chill this A.M.; feels well and strong. Lach. 30 three times a day.

I have given this last case in full, as I took the notes at the bed side; not to show any superiority in treatment, but to give you the clinical history of a case of septicæmia. You will notice a rapid fall, and again,

rising in the temperature of my patient; this is not to be attributed to quinine or, in fact, any remedy used ; but to the peculiar phases of the disease itself. This is of constant occurrence in septicæmia.

I do not think quinine did my patient any good whatever, in the massive doses I gave it, and should another present, should not use it. In fact, I am not certain but that it was this drug which caused the chills and profuse sweating toward the last. But I cannot say the same about the sulpho-carbolate of soda. I have too much confidence in this remedy in the treatment of diphtheria to not feel that it has some specific influence over septic poison, however found or produced in the system, and that it will eliminate or neutralize it after it has entered the circulation.

The late Dr. Beebe, of Chicago, introduced this remedy to the profession, and spoke of it in the highest terms as a remedy in diphtheria, puerperal fever, erysipelas and indeed all forms of *septic poison*.

After stating the influences which caused him to seek for some antiseptic remedy, he says: "The first antiseptic administered internally by myself was *carbolic acid*, but it was never used with entire satisfaction, because it could not be diffused through the blood in sufficient quantity to destroy the living germs without producing toxic effects of its own, and it was, besides, objectionable on account of its odor and taste. The sulphite, especially the sulphite of soda, was found to be quite diffusive, but lacked energy, and hence efficiency. In the chemical combination of the carbolic acid with sulphite of soda, we have all the objectionable qualities reduced to the minimum, while all the desirable properties are retained. During nearly two years I have administered this salt in many hundreds of cases of scarlet fever and diphtheria, as well as a reasonable number of cases of erysipelas and puerperal fever, both with a view to the prevention of

epidemic contagion and in the treatment of these forms of diseases.

The Sulpho-Carbolate of Soda is readily soluble, and very diffusive when brought within reach of the absorbents. It is odorless, and of a taste differing but little from soda.

By its administration the blood and tissues of the human body may be thoroughly disinfected without exciting any toxic effects of the drug. Administered to children breathing an atmosphere loaded with scarlet fever or diphtheritic contagion, it acts as an absolute preventive with exceptions so rare, and with symptoms so slight when any appear, that one is forced to believe that the fault was rather in an insufficient dose, than in the agent. Given when either of these diseases has developed an attack, and within a few hours the activity of the disease has ceased, and the remaining symptoms speedily fade out into health.

Administered to a case of puerperal fever, when one septicæmic chill follows another, with the hot, drenching sweat between, and, if not too late in the history of the case, the patient may be assured that not more than one chill will follow its first administration, and the high temperature and icterode hue of skin will disappear with most gratifying promptness. No less gratifying is the action of this substance when administered in erysipelas."

He continues giving illustrative cases, etc. And you may find his paper by referring to the *United States Medical Investigator*, February 15th, 1877, page 202. I recommend it to your careful and considerate perusal.

Next in importance to sulpho-carbolate of soda is rhus radicans. Its pathogenesis corresponds with many of the symptoms of septic poisoning: chills and sweating, typhoid symptoms, frequent yawning, great exhaustion, icterode condition, watery light-colored stools, oppression of the chest, and sleeplessness.

Arseniate of Quinine.—Face shows great anxiety, with sudden debility. Excessive prostration after loss of blood. Tinnitus aurium. Chills followed by burning heat all over the body except hands and feet. If thirsty violent vomiting follows drinking. Sweating as soon as going to sleep, which is very debilitating. Hiccough with empty eructation. Stools watery, putrid and undigested. Offensive discharges generally. Urine suppressed or nearly so.

Baptisia.—Pulse quick, full, irregular, and compressible. Stupor, delirium, and restless, uneasy sleep, having frightful dreams. Face dark red, from fullness of superficial veins. Dryness of mouth and tongue. Can swallow nothing but liquids. Great sinking sensation at epigastrium. Putrid diarrhœa, with faintness.

Carbo. Animalis.—Rigid feeling of body and extremities, as though the muscles were too short. Very sensitive to the air, even moving the bed clothes caused chilliness. Great coldness of extremities, almost impossible to warm them. Eating or drinking causes putrid sweating. Nausea with frequent sour eructations. Hiccough only after eating. Frequent stools with stinging pains in anus. Thin, offensive lochia.

Carbo. Veg.—Collapse. Pulse slow and very weak. Mind perverted. Great accumulation of gas in stomach and bowels. Profuse cold sweating. All food or nourishment disagrees; stools very foul. Short breathing from distended abdomen.

Crotalus Horridus.—Severe icterode condition. Coma or low muttering delirium. Vertigo. Trembling worse on right side of the body. Bilious vomiting and diarrhœa.

Eucalyptus Globulus.—Sleeplessness accompanied by exhaustion. Said to destroy infusoria and bacteria. Chills and sweating with offensive exhalation.

Gelsemium.—Pulse large, full and quick but com-

pressible. A feeling that she must move to keep her heart beating. Hysterical convulsions and actions. Chills with little or no sweating, attendant upon some primary cause. No fear of death.

Lachesis.—Anxiety with trembling, principally on *left* side. Nightly delirium. Constriction of throat; must have everything loose about it. Dyspœna. Feels worse when first waking after sleeping. Diarrhœa.

Veratrum Viride.—Pulse hard, full bounding, incompressible. Active delirium with pinched, cold and blue nose. More or less nausea and vomiting with cold sweating. Anxious about the future.

LATENT MEDICATION.

BY P. P. WELLS, M.D., BROOKLYN, N. Y.

Read before the Kings County Homœopathic Medical Society, Nov., 1880.

"The original sin is not being able to wait for a thing."—W. GROSS.

Whether, indeed, impatience be really the parent of *all* practical sins in homœopathic prescribing, may perhaps be questioned. But it may not be questioned that it is one of the most frequent causes of mistake and disappointment. It is so natural to be in haste to realize the fruits of our expectations, that waiting for these is often more than a weariness, and if these be long delayed, the disposition to do something more or different, hoping for a better or more speedy result, is often quite irresistible. If we have made our selection of the remedy already given, with due reference to the requirements of the law of cure, this temptation to a too early change of remedy, or to add others to it, in the hope of a better result, should be resisted with utmost firmness from the beginning. To be *sure* of the right selection of the remedy first given is the one great and first duty of the prescriber; and the second is, when he has given this, to

let it alone, that it may accomplish its work, without interference from whatever of anxiety on the part of the prescriber, or the presence of other drugs or appliances which may modify or destroy its legitimate action. To fortify this firmness, in the beginning, let him remember this, which his seniors ought to have learned long ago, that for the development of visible curative action of drugs given to the sick, *time* is required; and this, further, that different drugs vary greatly in the length of the period necessary for this; with some it is minutes, with others hours, days, or weeks even. And this, further, that till the lapse of this required period nothing of good can come to the patient by substitution or addition of other drugs to that already given, this being the specific for the case in hand. That it is so we here take for granted. For failing to be this, rules for its administration are useless, indeed they are impossible. And then, for the further strengthening of the timid, let it be borne in mind that as with drugs so with diseases. These often before they yield to the curative impression of the drug, will have time before they respond in ease or convalescence. That different forms of disease, and often different examples of the same disease require different periods. Some only a brief, others a longer time. And these periods of time during which we are looking anxiously for visible improvement, often long delayed, are a necessary part of the experience of a cure. And this further, and chiefly, that during this period the drug given, being the specific, is not necessarily inactive because results of its action are not yet externally visible. This is the period of *latent medication*. It is a necessary part of every true homœopathic cure. It is often limited to a few minutes, while at other times it is extended to days. The duration of this period is determined by the nature of the morbid cause and the profoundness of the impression it has made on the organism, on the one hand, and on the

other by the susceptibility of the organism to medicinal impression.

In cases of croup, for example, relief is often found at the expiration of a few minutes after the dose has been given; in typhoid fever, on the other hand, not until after days. During these days of anxious watching, the action of the drug, though invisible as to any external signs of recovery, is nevertheless potent in affecting the process of cure. The susceptibilities of the organism are so far depressed by the impost of the morbid cause that they only respond in visible improvement after repeated impress of the curative. These repeated impressions are not fruitless in the process of cure, because traces of their activity are invisible. They are expended, for the time, in recovering the depressed forces from the power of the morbid cause, till by and by they may be able to effect the desired visible manifestations of returning health. The remedy, being the true specific, is from the beginning actively operative in bringing about the result it is its nature to accomplish, and therefore, the necessity of obedience to the rule which nature and law here established—that it be let alone to accomplish this necessary part of the process of cure. It is for no conceivable reason or pretense to be interfered with by the interposition of other drugs, or resort to whatever of suggestion from our own anxieties or those of others. It being the specific it is, therefore, the best possible remedy for the case, and hence to institute another for it, is to give one which is something less than best. To interpose another with this is to endanger the legitimate action of the specific, subjecting it, it may be, either to total destruction, or to such a modification of its true effects as may seriously embarrass the future treatment of the case, and perhaps even to convert a case which is incurable, it being left to the undisturbed action of its specific, to one, after this pernicious inter-

ference, wholly beyond the control of whatever remedies, selected by whatever of skill. If the specific be the best remedy and it fails, then that which is no specific, and therefore, not so good, cannot bring us success. It and all others will necessarily fail.

If these views are correct, then it follows that mere delay in the appearance of visible curative effects is not a valid reason for changing the selected remedies in a case under treatment. It may be the best of reasons for revising the choice of our remedy, but never for its change, unless another which is *more like* is found.

This part of latent medication was well seen in a case of typhoid fever, which was treated by the writer many years ago. The patient was a young man, 20 years of age, a clerk, of country birth, having been a resident of Brooklyn but a few months. He was first seen and prescribed for by the writer of this the third day after the attack had confined him to his boarding house. Previous to this illness he had always been robust, enjoying perfect health. He was found perfectly deaf and in a muttering delirium, talking constantly to himself, not at all noticing his surroundings, or giving the slightest heed to endeavors to arouse him to answer questions. He was in his imaginary world, quietly interested in it, and busy with its images, while he was wholly separated from and lost to all that was real about him. He was sleepless, but quiet, except he made constant efforts to reach and grasp imaginary objects in the air. There was a constant jerking of the tendons of both upper and lower extremities; his evacuations were passed into his bed involuntarily and unnoticed. He had frequent brown, liquid, offensive discharges from the bowels. The tongue was dry, hard and brown. The lips dry and with the gums covered with dark sordes. Skin hot and dry, or at times there was a slight, hot perspiration.

This was the condition of the patient as early as the

third day of the attack. I had never before seen so formidable an array of symptoms, developed so early, in any case of this fever. The prognosis was, of course, unfavorable. It was the practice of the writer, at this early period of his homœopathic experience, to carry his *Materia Medica* with him, in his daily rounds to the sick; and at the bedside of the patient, after getting his symptoms as clearly and completely as possible, there to study it, that he might find, if possible, the "*most like*" which cures. He thus visited and studied this case of fever and the *Materia Medica*, twice each day for fourteen days. The first study was a careful and protracted one, and the remedy was selected only after each drug which in its record carried symptoms similar to those of the case, had been examined. That one was chosen which had most of the symptoms and there, in its record, the most strongly expressed, that is, that which was "*most like*." This was given with the clear conviction that the *best* chance for the life of the patient was in this one drug, and that this was but a poor one. In the evening, after the first visit, he was "*no better*." The study was repeated, and the result was the choice of the same drug as in the morning. It was still the "*most like*." So it was the next morning, and the next evening, and so each day for fourteen days, the same sad disappointing "*no better*." The same earnest study resulting in the same choice of remedy. It was in the earlier days of the treatment of this case, and after repeated sadness because there was no amendment, and therefore repeated temptations to try some other drug, that this temptation was overcome by the thought that if this remedy which is "*most like*," and therefore the best, fails, what reason is there to hope for better results from that which is less "*like*," and therefore not so good? It was this that through that succession of heart aching studies held the prescriber to the one chosen remedy, though it brought no visible improvement for so

many days. The result justified both the choice of the remedy and the adherence to it, through this protracted period of what perhaps cannot be better named than "*Latent Medication.*" That there was such a fact was not then recognized. That there *is*, all enlightened practical experience will now testify. On the fourteenth day the whole train of symptoms cleared away, and in so remarkable a manner as to suggest the passing of a cloud from before the sun. The convalescence was brief and perfect. The whole case has been a useful lesson to its attending physician; illustrating and enforcing the value of our fundamental rule for the right administration of our law—the right selection of the remedy, and then adherence to it through whatever of time or discouragement, till it ceases to be the one "*most like*" to the symptoms we are treating.

The disastrous effects of a violation of this rule by a change of remedy for any other reason than greater similarity, is illustrated by the following case, also of typhoid fever. The patient was a man of fifty years of age, of robust frame, who had before his present attack enjoyed general good health. Two or three weeks before he sickened, he buried his wife, to whom he was strongly attached. At the beginning of his illness he told his family he was going to die, and persisted in this as long as he retained his consciousness. He came under my care from that of a friend, whose duties at the time called him from home. It was the tenth day of his illness. He was now in unconscious delirium, talking incessantly of dead bodies or dead persons, coffins, funerals, funeral processions, and matters related to these. He could be roused to answer questions, but immediately returned to his sad talk and fancies. He passed his evacuations involuntarily and unnoticed. He had brown, watery diarrhœa, the discharges being but slightly offensive. The tympanitis was great, the abdomen being sensitive to pressure

over the whole surface. The tongue dry, brown and hard. The mouth dry, and the lips and teeth covered with dark sordes. The case was carefully studied and the remedy chosen. Prognosis unfavorable, and chiefly because of the delirium dwelling on death, dead bodies, funerals, etc. Cases of this kind had all died in the previous experience of the prescriber. Notwithstanding this unpromising state of things, the first prescription was followed by improvement in the first twenty-four hours, which continued to progress, till the delirium, voluntary discharges, tympanitis, dry tongue and sordes had disappeared and the case was promising recovery from all these untoward symptoms, and a break in my uniform experience of fatal termination of such cases. There was one fact only which seemed to call for especial attention or anxiety, *he would not take food*. His refusal was constant and pointed. The fear of exhaustion from this cause led to a change of medicine with the hope that this might remove the one and only seeming impediment to recovery. The expedient failed. He refused food till death relieved him of its necessity. After death it was a matter of regret that the remedy first given, which had already done so much for the patient, had not been trusted for the removal of this one remaining symptom, which was ultimately fatal, notwithstanding the change. It could not be, and cannot be, otherwise than that the question should arise—was not his death due to this unsuccessful change?

A MISTAKE IN DIAGNOSIS LEADING TO AN INQUIRY INTO THE GENESIS OF PREGNANCY.

BY A. M. PIERSONS, M.D., NEW YORK CITY.

That a live healthy five-months' foetus could be taken for an ovarian tumor, at first thought, seems ridiculous. Yet this mistake, and worse, has many times been made

and that too, by men eminent in the practice of obstetrics. As I now for the first time enroll myself with them I am quite sure I shall feel comfortable in their company and I hope I may not damage the reputation they so nobly strove to win. This paper is written for three reasons.

First. To again put young or careless members of the profession upon their guard.

Second. To record a novel way of getting pregnant.

Third. To simply call attention to its medico-legal bearing.

In the latter part of July, 1880, Mrs. H. called to consult me in regard to herself. There sat before me a small lady aged 24, tight built, weighing 125 lbs. at her best, nervo-bilious temperament, regular features, modest in manner and earnest in expression. History: She said that she had been married about three weeks. Her menses appeared at the age of twelve and one half years and had been regular but scant and short until the 18th of last February at which time she flowed her usual three days. On March 15th when the menses were expected and while enduring her usual premonitory symptoms she accidentally got her feet wet and cold. Had back-ache, throbbing headache, &c. Somebody prescribed aconite and belladonna in alternation together with a hot foot and sitz bath and in a day or two she felt all right again, but the menses did not appear. This fact gave her no unusual alarm; but on April 12th, her second period passed fruitlessly by she grew anxious and April 25th, saw a physician who treated her for left ovaritis and sciatic pain of same side. This treatment was faithfully continued till June 30th, and resulted in some relief of pain but still the amenorrhœa was complete. About 1st of April noticed a fullness, in left ovarian region, which slowly increased to present time when her abdomen was quite prominent and her dress shortening in front. For one month she had been without medicine,

she having lost confidence in her medical adviser, until July 31st, when she applied to me for relief.

In the meantime she had fulfilled her marriage contract which had been made about one year previously. The ovarian pain of which she complained, began when she was 17 years old and hence had lasted about 8 years. It was regularly worse at and before the time of menses, and was always relieved by flexing leg of affected side. Her former physician had never made a vaginal examination though it must be said to his credit, he had desired to do so. I did not ask the "privilege" but calling her to my side I carried my finger to her vagina before she had time to refuse. The cervix was readily accessible. There was not the conical cervix of a primipara, nor the cushiony feel of pregnancy but a decided feel of hypertrophy. Through the fornix vaginae I could feel a hard non-fluctuating tumor. Notwithstanding these conflicting signs I half suspected she was pregnant and to get a sudden expression of acknowledgement or denial I said, as I withdrew, "well madam you are pregnant." I got it: the sudden expression, the denial. It came, too, so emphatic, so promptly that I felt a little like relenting. There was none of that assumed air of injured innocence I had so often detected among the guilty, she looked business, and seemed to mean it too, when she replied, "Impossible sir, I have never 'known man' till I met my husband at the bridal altar three weeks ago." I told her such things had happened and would again; that I had very recently delivered a 16 year old miss who even more emphatically denied ever having touched or known a man, and did not have so much as a beau on whom to lay suspicion; also, that by her unsuspecting manner I would give her the benefit of a doubt and would call at her residence at my earliest convenience and give her a careful examination. To this she gave her eager consent, and said her husband was equally willing to have every

investigation made which would relieve them of already growing suspicions.

On August 2d I called to convince myself of her pregnancy, a conviction I could not shake off. I found the mammary areolæ in their virgin state and color. There was no enlargement of breasts nor tenderness. I thought the follicles in right breast slightly prominent. She had had no morning sickness, abdomen round, regular and very hard. I could find neither fluctuation nor tympanitis. Every muscle of her body was solid and had a certain rigidity about it which later on I found to be the condition of the os-tincæ. The body of the tumor lay most to the right of the median line although her history had continuously pointed to the left ovary as the disturbing factor. Should it prove to be ovarian, I thought a long pedicle might account for its position. Palpation revealed nothing in particular. She positively denied ever having felt anything like what I described as foetal movements. I could not detect foetal movements nor uterine contractions during continued bi-manual pressure. Having no stethoscope with me I lost the possible opportunity of proving the correctness of my suspicions. With a Hales expanding speculum, I explored the cervix which lay crowded to the left side of the vagina. It appeared somewhat flattened, and the os was broader than I am accustomed to see in primiparæ. Very cautiously I passed a soft silver uterine probe two or three inches into the uterine cavity. Next I passed a uterine sound having the usual curve, *four inches* without any effort whatever save the pressure made to determine if I had reached the supposed fundus which seemed well defined. I gave the lady no pain, and drew not a drop of blood. The os and cervix neither looked nor felt like gravid primiparæ at twenty-three weeks. Thus far I had convinced myself that she was not pregnant, and so stated to the lady. I promised to re-examine on the advent of cooler weather,

classify the tumor and appoint a time for operation. Meantime I advised that she present herself to her former physician, without reference to me, and ask for an examination. This was done September 13th, or *forty-one days after mine*. My patient described the examination as very painful and rough, besides the loss of some blood. The doctor first suspected pregnancy, but when finished, he gave for his diagnosis, "a tumor." Nine days later I was summoned to see this lady, who apparently had a severe colic. Next day was again called, but being unable to attend, I sent medicine for a well-described dysentery. The following day I saw her. She was reclining upon a sofa, comparatively comfortable, had some rectal tenesmus, and added that the "tumor" was discharging. At once I passed my index finger to the uterus and easily discovered a foetal head presenting and the os dilated to the size of a silver dollar.

It was now perfectly plain that for the last three days I had been dealing with an abortion. Knowing her temperament, and fearing bad results during labor, I had my assistant keep her semi-unconscious for over five hours with ether. Labor advanced quite rapidly, but the os, though steadily dilating, was very rigid and hard even between the pains. In the meantime I made several patient attempts with stethoscope to hear the foetal heart sounds, but failed. Hence, had I used this means of diagnosis on August 2d I might have done no better. Then my diagnosis of ovarian tumor would have been much more emphatic. As the rigidity of the os was very marked, and pains were fast dying out, I advised chloroform, which was pushed nearly to the surgical degree. The os softened. I applied forceps and delivered an apparently six-months' female child. The abortion undoubtedly was due to careless examination by my predecessor. When the lady learned what had been delivered, she was very indignant; refused to nurse, or have

it in the same bed or room with herself, or to even look at it; declared she had done nothing towards making it, and as in nowise responsible for it.

In cases where the lady has been indulging her sexual appetite, and the fruit of that toil is a baby, I have never known a wretch so hardened but that a mother's love would fill the mother's heart. Not so here; and now that it is all over, it seems to me one of the strongest points in favor of the truthfulness of her story. There had been no pleasure—there was no love. This parentless little waif was farmed out, and, despite parental care and maternal love, survived thirty-two days.

Two weeks after delivery a digital examination disclosed a severe unilateral laceration of the cervix. November 14th I performed trachelorrhaphy, being kindly and ably assisted by Dr. Henry Von Musits, Mr. J. L. Daniels, student, Dr. R. H. Bedell, the latter administering the anæsthetic. The only cause for this laceration which I can offer is that of spasmodic contraction and rigidity *after* forceps was applied and during delivery.

I am still unable to explain my blunder in diagnosis of pregnancy. If the lady's story be true; if she ceased menstruating on February 21st, and that cessation was due to conception, then, at the time of my examination, August 2d, she should have been pregnant about twenty-three weeks. The symptoms of pregnancy at that time, or before, are, in the primipara, os uteri circular smooth and closed; foetal movements; digestive disturbance; projection of mammary follicles; pigmentary deposit in mammary and umbilical areolæ and linea alba; ballottment and projections of foetal prominences observed by abdominal palpation. *None of these conditions were present.* Now add to the absence of the above signs, 1st, the fact that from her seventeenth year till the present time she had, at every menstrual nîsus, severe pain in left ovary, 2d, her positive assertion that until her

recent marriage she had never known man. 3d, that twenty-three weeks after cessation of menses I easily passed the uterine sound a distance much beyond the normal depths of a virgin uterus, and there felt what appeared a normal fundus, and the chances of mistake are greatly enhanced.

CONCEPTION UNDER DIFFICULTIES.

The fact of pregnancy being established by the birth of a living child, and the fact that a positive denial of unchastity had been made, were of themselves factors in the case sufficiently contradictory to make the matter interesting. I had seen enough of this lady to somewhat trust her. Still, with the apparent evidence of guilt *delivered*, she as sternly and positively as before denied ever having lent herself to the commission of an act which might result in procreation. Having no faith in miracles, past, present and which are to come, and believing, as I do, that virgins, old and new, get pregnant just in the same manner as other women, I determined to believe nothing but sift all by the light of reason. Calling the husband to my office, I referred to the fact of pregnancy, and asked if he had any explanation to make. He replied that he always had lived a strictly virtuous life, and believed his wife had done the same. That before marriage they had conversed upon the subject, perfectly agreed one with the other on moral matters, and each congratulated the other that they should reach the hymenial altar with equal simplicity, equal ignorance and equal knowledge. But as lovers "sometimes will," they, after an evening of pretty affectionate courting, mutually agreed, not exactly to *taste*, but only to feel the forbidden fruit. Consequently she kindly raised her drapery and sat upon his lap and he as kindly let her. Feeling the increased warmth of her legs, he took out his penis simply and only to give his future bride a Platonic introduction to her Romeo. The lady

wore the "open" pattern of drawers. After a few moments, and while each was sighing "nearer to thee," his penis came in contact with a bare spot of her flesh. Instantaneously the pent up semen gushed forth and all was over. She sprang from his lap, immediately wiped herself as dry as she could with her clothing, scolded her lover till he, crestfallen, left the house not to return. He emphatically asserted that he did not get his penis between her legs or into anything, but just touched a bare spot of her seat, when suddenly he lost control of himself. That was all; but, he significantly added, that could do no harm, for all the semen fell upon the carpet and was wiped up with a napkin. He could not give the date of this affair, but asserted that this one time was the only one when he ever had his penis exposed in her presence. Since he had never sexually entered a woman, I doubt if, during the love touch, he knew one-half of what he really did do. Hence I took an early opportunity to cross-question his bride. Her statement was in substance the same, with additions. The time of that particular kind of lap-sitting was February 21st. She remembered it from the fact that she *was menstruating at the time, and was then wearing a napkin fastened front and back and passing between her legs in the usual way.* Here then was conception under difficulties. A case indeed, if proven, of most intense interest.

I did not believe the young man's statement and supposed in the excitement he of course had his penis half its length within her and thus partially spent before she left his lap, and that only the remainder was lost upon the carpet. Hence I thought to be better informed by the lady herself. We can always trust to a lady's knowledge of the exact position of the male organ when it is approximating her shrine. That is, *she knows* where it is. He does not. She positively asserted that he did not enter her vagina or even touch her vulva with

his penis. Nor did he even get it between her legs; but, as she wore open drawers his penis touched a bare spot on the inner and lower portion of her thigh, and the instant she felt the Danæan shower she indignantly sprang from his lap.

I have not thus minutely described the trysting time of two young lovers for the purpose of exposing any apparent weakness on their part to the uncharitable pages of a medical journal; nor to the morbid gaze of the moralist, should there be any such among my readers; nor indeed to make odious comparison with other lovers of larger experience and riper years, for I believe the trysting scenes of the latter would look infinitely worse were they spread upon an open page of an open book, but to put on record a true story of conception under very great difficulties. I hope there are many among my readers who will thus far doubt it all. But let us examine still farther. I have other evidence, which, added to what is already given, strengthens and confirms it. My patient had a married lady friend at whose house the bridal party spent the "critical night." If there is anything that more gladdens the female heart than anything else it is something Hymenial. To this fact I am indebted for valuable information. After the delivery, and while I was repairing my toilet in an adjoining room, this same lady friend rushed to my side, with hands uplifted in horror saying: "Oh! doctor, what does this mean? How did it happen?" and knowing nothing of the story above related I carefully replied that I supposed it was another Virgin Mary case. "I would 'cut' her this moment did I not know she is and has been virtuous." "How do you know it?" "Because I saw and examined the bed-linen where they slept the first night and the bed was as bloody as a slaughter pen." This conversation was held without the knowledge of the wedded pair, and hence did not influence their story. I learned

from them that the husband experienced considerable difficulty, on that momentous night, in storming her hymenial citadel; and that she was bloody and very sore for several days. This proves, that, whatever else they may have done, they certainly were unaccustomed to the sexual congress and furnishes strong proof that on no former occasion had they completed the sexual act. Therefore, the truth of the story of conception under difficulties is enhanced.

A similar case, but with proof less positive, is reported by a Dr. Ward,* of Albany, N. Y. His story, in short, is "that the lovers were sexually unacquainted; that on a certain night the lady being slightly indisposed reclined upon a sofa. Late in the evening her lover being very tired, reclined with her. They both fell asleep. He had a lascivious dream with emission which awoke him, To his horror found the lady's clothes drawn up, her drawers unbuttoned, his pants open and his penis between her thighs." The lover was asleep and certain of nothing until he awoke. Then, it seems, he is certain that he did not have full connection, but thinks it barely possible that the glans penis may have rested between her labia, but at the time of the emission is positive that the head of his penis was entirely outside of her external genitals; the emission was discharged over thighs, labia, drawers, etc., and was wiped away carefully with a handkerchief.

Now, for a *good* man, a Christian gentleman and a sound-asleep-man, this seems like a pretty big story. It sounds more like somebody was quite wide awake. Of course I have very greatly condensed, but not altered, the doctor's story as he related it in his own language, the facts being given by the lover. Although the doctor is perfectly "satisfied" that this story is true, and that concep-

**Amer. Jour. of Obstetrics*, vol. XII., page 306.

tion followed this imperfect connection," which I should call no connection at all, yet it seems to me he should have cross-questioned more carefully, and in such a case, with all its scientific and physiological importance should not in the least have spared the lady as he seems to have done. She is described as "rather stout, aged 22, well built, refined and well educated." There is nothing, then in this lady's make-up which would interfere with conception while lying on a sofa with her lover, except her flesh. Now, any physician knows perfectly well that the labia of such a lady, lying in a side position, are almost hermetically sealed, and that the lover could not have entered her, without her consent, had he been wide awake. The doctor then should have asked *her*, Who unbuttoned and pulled down your drawers? Who pulled up your skirts? Who unbuttoned your lover's pants and toyed with his penis while he lay in the arms of the drowsy god? Who separated your thighs so that the semen could bathe the inner surfaces of your vulva? In parenthesis let me here say the young lady wore "tight" drawers, and we would naturally suppose the young man to be entirely ignorant of that fact even if awake, much more so while asleep. The emissions awoke him, though not a drop touched his body. Nothing is said of her waking, although her abdomen, thighs and pubis were deluged by the seminal shower. It is just possible that she had a hand in it. At any rate, the narrator should have saved us the privilege of a doubt. Necessarily the narrator knew more of the case than any one else, and gathered sufficient evidence to convince himself that conception was obtained without cohabitation. In raising a few doubts, I have not intended to dispute the possibility. If he and any of his readers believe it, how much more must they believe my narrative? My patients were both mercilessly questioned, the lady most, if possible, because she would naturally know most about the whole

affair. Neither one tried to shirk the responsibility. Nor did they lay claim to unconsciousness by intoxication, chloroform or sleep, nor had they drunk of the waters of Lethe. They were young, wide-awake and perfectly conscious. I, of course, believe their story. I have spared no pains to gather all the facts. I have much testimony bearing on the case, not of sufficient import for pages of this journal, but which helps confirm the truth of the story, and adds weight to the argument that women may become pregnant without unchastity; may become pregnant and still retain all the physical characteristics of their sex and nature; may become pregnant and honestly assert that they know not how; may become pregnant and be morally as pure as their accusers; and, finally, may become pregnant without miracles or supernatural agency.

In the face of the above facts, and as a wholesome check to credulity, I will here, in connection with this subject, briefly refer to a paper by Dr. J. R. Beck,* of Fort Wayne, Ind. The quotations which I shall make from his paper are for purposes of my own, and will be made to suit myself. "It has, heretofore, been regarded as impossible, in the nature of circumstances, to ever be able to examine a vagina and uterus at the instant when the orgasm, which occurs during or just at the end of coition, affects these parts. This inability to observe must, of necessity, generally continue to exist; and we have heretofore been compelled to agree, (though always under protest on my part,) that the spermatic fluid, upon being discharged in the neighborhood of the os uteri, remains thus situated a sufficient length of time to allow the spermatozoa to pass up through the external os, search the cavity of the uterus for the ovum, and even to penetrate to and through the fallopian tubes in

*Loc. cit., vol. vii., page 353.

the prosecution of such search. In other words, a microscopic cell, with no internal construction that is fairly traceable, even under the highest attainable power of the microscope, possesses so much innate reasoning power, or instinct, that immediately upon being deposited in the near proximity to its destination, it shall at once seem to become aware of the specific character of its mission, and, well knowing whither and in what manner to make its appointed journey, immediately bestirs itself in order to fulfil its destiny. In our days many a spermatozoon must become disgusted at its unavailing efforts to find the object of its search, provided such a feeling is not incompatible with the very high grade of reasoning accorded to it by these old theories. I, at this time, regard any and all such explanations as exceedingly attenuated, as regards their thickness." To prove that these microscopic, ciliated cells found in the semen of the male have no reasoning or other faculty, our author proves by observation that they are docile and dormant and are sucked in by the female. He experiments upon the wife of another gentleman. Should any of my readers incline to carry on this investigation, in itself laudable enough, I should advise that they conduct the experiment upon their own wives, or else hold to the old theory. "In making my visit at the residence of the patient, next day, for the purpose of adjusting the supporter, I made a second examination by the touch, and upon introducing my finger between the pubic arch and the anterior lip of the prolapsed cervix, I was requested by the patient to be very careful in my manipulation of the parts, since she was very prone, by reason of her nervous temperament and passionate nature, to have the sexual orgasm induced by a slight contact of the finger, a fact which I believed had been manifested in my office examination of the previous day, and which she afterward admitted had been the case. Indeed, she stated

further, that this had more than once before occurred to her *while making digital investigation of herself.*" (Italics my own and for a purpose further on.) Here then was an opportunity which would tempt even a female physician. "Carefully, therefore, separating the labia with my left hand, so that the (prolapsed) os uteri was brought clearly into view in the sunlight, I now swept my right forefinger quickly three or four times across the space between the cervix and the pubic arch (why did he not say clitoris?), when almost immediately the orgasm occurred and the following was presented to my view: The os and cervix uteri had been about as firm as usual, * * but instantly that the height of the excitement was at hand, the os opened itself to the extent of fully an inch, made five or six successive gasps, as it were, drawing the external os into the cervix each time powerfully."

Now, admitting all this, what is proven? Is not Dr. Beck's case an exceptional one? I believe a woman who would or could have an orgasm, with three or four sweeps of the male-finger over her clitoris, or one who would or could have an orgasm by "making digital investigation of herself," is not the type of a woman from whom we can learn anything. One or more of such have, from time to time, made "provings of drugs," and what an array of *sexual* symptoms! Are they reliable? No. Nor is the sucking action of the cervix, and external os, general among women during and at the close of sexual excitation; nor is it necessary for the purposes of impregnation. Else, how shall we account for the easy impregnation of women who do not and never have had the slightest feeling of sexual excitement. Else, how does a woman get pregnant under anæsthetics, or while drunk with rum, or after amputation of the cervix? Dr. Beck says this is involuntary action, and the nerves which supply the cervix feel the stimulus even though the woman does not.

Then let his same "nervous" lady be put under chloroform. I will swear that he may rub her clitoris a week, provided the anæsthetic be continued that long, and he will fail to see a sucking, or any other motion of the cervix. Admitting, again, that the spermatozoa enter the cervix by this powerful hydraulic action, if they have no knowledge nor instinct nor anything else, how do they get any farther than the inner os? What sucks them to the fundus, into and through the tube? I do not contend that because the glans penis is not in contact with the female genitalia the semen may not be landed upon, or perhaps between, the slightly parted vulvae. In cases like Dr. Ward's and mine, where the gentlemen have lived lives of sexual abstemiousness, the power of the ejaculatory glands is greater than in men who have frequent sexual intercourse, and, though I remember no proof for the assertion, I believe the semen of the former is richer in live, strong, healthy spermatozoa than it is of the latter. If this be so, is it impossible that some of the millions of spermatozoa, which are wasted upon a single woman, may not have the good fortune to reach the goal, even though they started with a hopeless disadvantage.

I am utterly unable to recall an essay, which I have somewhere read during the last year, in which the author not only takes about the same view as Dr. Beck; but tries to prove that the penis is of a certain length to be able to reach the cervical canal; and the ejaculatory glands are made for the purpose of sending the semen to the fundus and possibly the fallopian tubes while they were possibly dilated by the female orgasm. How, still, are we to explain conception in cases of nearly imperforate hymen, atresia vaginæ and anatomical disparity of the male and female sexual organs? Of the latter I have had one case in point. Having occasion to examine a bride of a few months, I pronounced her pregnant. The husband seemed surprised and plainly told me I was mistaken, as he had

never had any sort of connection. with his wife, but admitted having had, on one or two occasions, an emission with the glans penis between her vulvæ—just to please her ; for he admitted that he had very frequently cohabited with women since his sixteenth year and never, in eight years, had he found one who did not complain of his enormous penis. Yet this athlete weighing 180 married a girl who weighed just 100 pounds less, and whose vagina would not, without pain, admit my little finger. I refer to this case as nothing new in the history of obstetrics, but to give my own reasons for my belief in the possibility of conception with cohabitation.

ITS MEDICO-LEGAL ASPECT.

It must be admitted that from the earliest dawn of medical knowledge, cases have been known and reported where impregnation has obtained without inhabitation. I have not recently refreshed my memory by consulting any work on medical jurisprudence ; but I believe the law holds some man responsible for every woman's gravidity. If this be so, the law was constructed on the belief that a woman could not become pregnant without inhabitation on the part of the man, and that for this sexual gratification he ought, in justice, to be held responsible. Toward modifying judicial opinion, regarding the responsibility of the male, all well authenticated cases like Dr. Ward's must, in future, have some weight. I have given my case in detail, with the view of accomplishing the same thing. Evidently the law would have had some trouble with my clients, had a final separation followed the lap-sitting episode. Suppose the engagement then and there forever broken ; the lovers are both released ; the lady publicly asserts and believes that she is under no obligation to him, or he to her. She believes and knows that her hymenial condition is as nature made it. She believes and knows that

she has no more compromised herself or her lover than she would have done by the profuse labial ablutions of all lovers, and not so much; for some women *only* have the sexual orgasm by *kissing* and not during sexual cohabitation. Suppose, with this knowledge and belief, she had at once taken up some discarded or new lover, and after a short courtship become his wife; when, "lo and behold," he finds her pregnant! Can the first lover be held? Under the law; no. He has had none of the sexual pleasure or gratification which makes him responsible, nor has he desired it, prematurely or illegally. The lady certainly is in a dilemma. And were she to remain single her pregnancy is just as certain. Shall we ascribe her condition to something supernatural, or even to a miracle? The intelligence of the nineteenth century will not permit either. Then our investigation and observation must go deeper and further, and in a case like mine, the question must be, not only "How do the spermatozoa enter the cervix uteri?" but also, how do they enter the vagina?

DIFFICULT LABOR FROM LOW POSITION OF PLACENTA.

BY EMLÉN LEWIS, M.D., BUENA VISTA, COLORADO.

On December 29th, 1880, I was called at 4 o'clock A. M. to Mrs. S., in labor with her third child. The labor began at 6 o'clock the previous evening. Upon examination I found the os well dilated, but very little progress had been made.

The head of the child was pressing hard upon the pubic arch, while in the hollow of the sacrum was a spongy mass, which I at once recognized as the placenta.

In trying to push it up with my finger the membranes were ruptured. This occurrence seemed not in the least to remove the obstruction, for after the occurrence of several pains I found the state of affairs not materially changed.

I directed the patient to turn well over upon her left side. After thus remaining during the recurrence of four pains, she turned again upon her back, in the position she had maintained almost constantly for ten hours.

I then found that the placenta had receded, and the head had entered the superior strait.

The labor then progressed and terminated as well as one could desire. The liquor amnii was so inconsiderable that it would be termed a dry birth.

Mrs. S. made a good getting up.

A CASE IN OBSTETRICS CONTRASTING THE OLD AND THE NEW SCHOOL PRACTICE.

BY MARGARET A. BOSTWICK MOUNT, M.D., N. Y. CITY.

Mrs. W., aged 21, who had always enjoyed good health, ten months married, was suddenly taken, when seven months pregnant, while attending to her household work, with abdominal pains. A stranger in that part of the city, and her husband being absent, she was compelled to call in a neighboring physician.

Dr. — was called, and upon examining the case, decided that a miscarriage was inevitable, and sent for assistance. Returning in a short time with two friends, the patient was anaesthetized, which, under the circumstances, was needless. After four hours hard work she was delivered of a two-pound child.

For the next ten days she lay unconscious, rallying the eleventh day enough to recognize her husband, but stoutly denying the child presented to her was hers, or that she ever had one, and that she felt life as strong as at any time previous.

For three months her recovery was slow, the least effort causing the most distressful fulness through the epigastric region followed by mild but constant hemorrhage.

Consulting with a number of old school physicians developed a diversity of opinion, all pronounced the case a rare one; one said the sewing of the laceration of the cervix was her only salvation, another her being sent to the Woman's Hospital, when he would amputate the cervix uteri. Another said her lungs were effected and there was no use of any further effort, she would soon be at rest.

One year from the date of her confinement I was called to see her, I found her anæmic almost to the last degree, feet swollen, unable to walk from the bed to a chair. No appetite, constant thirst for large quantities of water, which disagreed; very sad and tearful, constantly lamenting her sad fate in falling into the hands of physicians who operated on her; believing they were at fault for all her sickness, saying she believed every doctor in the city had examined her merely to satisfy their curiosity. Nearly the first question she asked me was, "Did I want the lard?"

My first visit was not very satisfactory. I simply learned the state of mind she was in.

The second was better; I found her somewhat improved from my prescription of ars. and puls. alternated. As I was leaving her she solicited an examination, saying she believed I meant to help her.

Subsequently, in making, at her own request a full examination, I found vulvitis, with distressing itching,

constant vaginismus, with prolapsus. On obtaining a view of the os I found it eroded, lips extended laterally from their base to the apex. These two swollen lips were covered with ulcers, which discharged an ichorous watery pus. I introduced the sound $4\frac{1}{4}$ inches without pain, showing that the uterus had undergone but slight involution. After applying a soothing and healing application to the torn and ulcerated cervix, I told my patient if she would follow carefully my directions, I would cure her without any more severe treatment than she had just undergone, assuring her that such operations were needless.

I saw her three times a week for three weeks, always dressing the laceration with healing washes and supporting the pendent flabby uterus by dressings of oakum; the oakum retained the discharge from the uterus and ulcers, thus relieving the vulvitis in a very short time.

An increase in the appetite and a slight cessation of the flooding gave encouragement. It seemed every time I saw her she had a new set of symptoms; one time all tears, again all smiles, again distended almost to bursting with wind colic. At one time her back from the neck to the buttocks was covered with pustules the size of a pin head, urine suppressed for twenty-four hours. Canth. relieved her immediately. For one year I saw her never less than once a week, when I finally had the satisfaction of seeing her nearly as well and strong as before her marriage. Three months later I was sent for in haste, it being supposed she was about to have a miscarriage. I found her in a fair way to be delivered soon. Examination disclosed no hemorrhage. I immediately injected, hypodermically, ten drops of Magendie's solution, which eased the pains but did not put her to sleep. I sat by her two hours, giving her bell. 30. She told me the cause of this attack was, that getting out of bed in the dark, she put her foot on something cold and soft, at

the same time she heard a rat run across the floor, and supposed she must be standing on another. At this she screamed and fainted, falling across the edge of the bed on her abdomen. I have no doubt if I had not relieved her immediately she would have miscarried. I left her after a three hours call with a few drops of ignatia 30 in a half glass of water, to be given every hour until she slept, which she did in about two hours. After a few days she recovered from this fright and came to the office feeling very well.

About two weeks after quickening, or about the fifth month there was an alarm of fire in the house, on account of which she was so frightened that she was almost immediately taken with severe pains. Being absent from my office, I did not see her for nearly two hours, during which time the pains had steadily increased. When I arrived, the first thing my finger encountered was a bag of water as large as my fist. I now thought a miscarriage inevitable but determined, if possible, to prevent it. I again resorted to the hypodermic injection of Magendie's solution, injecting ten drops, with sepia 6, administering a spoonful every fifteen minutes, until I saw the pains decrease. After an hour she was easy and quiet, free from pain; at the end of another hour she dropped into a half sleeping condition. I left her sepia, to be given at least every three hours, and more frequently, if the pains were renewed. The next day I found her easy but very languid, with no appetite, the usual symptoms after morphia; and now I think I resisted the the greatest temptation of my professional experience in not making a digital examination for that protruding bag of waters, but being fearful of the consequences, I would not allow myself to run the risk of the least excitement. For two weeks I kept her in a reclining position on the sofa, or in an easy reclining chair, never on her feet, not even walking to bed. At the eighth

month she was very well, and walking moderately. During the ninth month she walked from four to five blocks every day, but doing no house work at any time, which I did not allow, lest the changes of temperature, arising from putting the hands into cold and hot water, which she would be subjected to in washing dishes, and other duties would unduly accelerate circulation.

On Friday, A. M., just nine months, according to her own reckoning, I was summoned in haste. I found her walking the floor cheerful and confident; the membranes had ruptured at 9 A. M.; during the whole day she had pains and dripping of the liquor amnii; at 10 P. M. she retired and slept well nearly all night. Saturday and Sunday were passed with only occasionally a pain, but a constant leakage of water. I was advised by those to whom I reported the case to administer a stimulant, and one physician said I was not doing right, that I should apply instruments and relieve her at once, but finding no alarming symptoms, I determined to trust to nature just as long as possible.

Monday, 2 A. M.—She awoke from a refreshing sleep and told her nurse her baby was coming, and to send for the doctor. I was promptly on hand, and luckily so, as at 3 A. M. she was delivered of a seven pound child, and suffered not more than six real labor pains.

The following night I was called to use the catheter; with this exception she had as rapid and as good a recovery as a woman need wish.

The child, now four months' old, has not had an hour's illness.

I did not ligate the funis. Will others agree with me in saying the first case was one of experimental practice perpetrated on an unprotected woman? My experience does not extend to hundreds, but in all my cases I have not had the least laceration, and I attribute my good fortune to the application of warm wet napkins to the per-

ineum, using the proper forward and upward pressure of the hand as the second stage of labor sets in.

In making examinations it is impossible to use too much vaseline. I believe the more freely it is used the better. To have the child thoroughly anointed with it, and not washed till the next day, I find avoids much trouble and insures it against that almost inevitable first cold in the head.

VAGINAL ADHESIONS.

BY B. F. BETTS, M.D., PHILADELPHIA.

In October, 1880, Mrs. W., aged 27, gave the following history of her sufferings. She had dysmenorrhœa, and was treated for prolapsus uteri before marriage. She became pregnant after marriage, and was threatened with a miscarriage at both the third and seventh months. After the seventh month, she suffered from labor-like pains quite frequently, until the child was born at time. Her delivery was rapid and affected without instruments. The lying-in period was passed without the development of any unusual symptoms, and on the fifteenth day, she considered herself sufficiently recovered to go down stairs. From that time she suffered from weakness, loss of appetite, constipation, irritability of temper and general discomfort. Her baby was delicate and died on the twenty-seventh day. Two months subsequently the menses came on, and recurred regularly, but were always too profuse and lasted too long. At each menstrual period she suffered from a vague feeling of distress in the pelvis, and between the menses she had a profuse leucorrhœal discharge. In about ten months she again became pregnant, and during the second month of this pregnancy, she was threatened with a miscarriage. I was

then called to treat her for the first time, and upon making an examination, the uterus was found completely prolapsed, with the cervix firmly united to the perineum. From a careful investigation it was ascertained that the cervix and perineum had both been lacerated at the previous delivery, and during the lying-in-period, the raw surfaces must have remained in contact until union took place. The cervix occupied the position of the perineal body, which had been torn assunder, yet the patient had not recognized the abnormal condition of the parts. When the nature of the difficulty was explained to her, she readily consented to have the cervix liberated from its unnatural attachment. This was accomplished by means of the scissors, as the parts incised were of the nature of cicatricial tissue, the patient suffered but little pain and the hemorrhage was slight. When the cervix was liberated, the uterus was lifted into position and the threatened miscarriage averted.

The peculiar features of this case lead to some reflections upon other forms of vaginal adhesions which are liable to take place between the contiguous walls of the vaginal canal, or between the cervix and other parts of the genital tract, whenever the opposite surfaces lose their epithelial covering and remain in contact with each other for a sufficient length of time for union to take place.

Abrasions of the mucous membrane, as well as its destruction by caustic applications, may lead to a similar form of adhesive union. Again, adhesions sometimes form between the vaginal wall and a polypoid tumor lying in contact with it, but attached to the uterus by a pedicle, which passes through the cervical canal. When the polypus is large and fills the canal, so that the pedicle cannot be reached by the finger introduced into the vagina, we are liable to infer that the growth springs from the vaginal wall, especially when the line of contact has

become so perfect as to leave no groove or cleft to suggest union by adhesion—the finger running off the tumor and the vaginal wall in a continuous manner. Should the pedicle slough, and the tumor still maintain its attachment to the vaginal wall, there would be no way of defining its origin from an examination alone, and indeed, this would be unnecessary, for its removal would be accomplished in the same manner as though it were a true vaginal tumor; but where the pedicle of a tumor becomes united to the cervical canal through which it passes, a more accurate diagnosis is required, for, in that case, it may be difficult to distinguish it from an inverted uterus lying in the vaginal canal, unless the body of the uterus can be detected above the mass in the vagina, by palpation through the abdominal walls. In fleshy women this is a difficult point to satisfy one's self upon, and as it is necessary to come to correct conclusions before the vaginal canal is cleared of its contents by an operation, the finger must be introduced into the rectum, and a catheter into the bladder, when if both can be approximated, the fundus uteri must be absent from its normal position, and the case probably one of inversion.

Adhesive union between the *cervix* and *vaginal wall* is not infrequently met with, especially that form which is due to abrasions caused by pessaries. The adhesive bands are in that case thrown over the bar of the pessary, yet they usually produce less nervous irritation than those resulting from direct union of the cervix with the vaginal wall, arising in consequence of lacerations, abrasions or cauterization. If the uterus should become displaced, in the latter class of cases spontaneous replacement will be prevented and the movements of the uterus will be restricted within very narrow limits. Whenever such bands are met with relief will be afforded by severing them.

In the operation for lacerated cervix, we may fail to get

compact union and adhesive bands only may have formed between the vivified edges after the application of the sutures. These bands will usually produce more nervous irritation than the original lesion. They consequently require to be severed when a subsequent operation may result more favorably.

There are other bands of tissue sometimes found stretched across from opposite points in the vaginal canal. These are the remnants of a longitudinal septum, which is sometimes found to divide the canal into two parts, originating from the failure of the ducts of Mueller to fuse into a single tube during foetal life. These bands are usually more vascular than the *adhesive bands*, and require to be cut by means of the ecraseur or Galvano-cautery loop. The *labia* may become adherents to each other, as a result of eczema of the vulva, or inflammation of the vulva. This is most liable to occur in little girls. The only preventive measure necessary is, to have the parts separated and cleansed daily. When the labia have united, urine is likely to be retained in the vagina to a greater or less extent, when vaginitis with leucorrhœal discharges result. This may be remedied by an incision confined as closely to the tissues intervening between the labia as possible, with dressings worn for a few days to keep the parts from reuniting, until the surfaces have healed over.

—A NEW MEDICAL JOURNAL.—*The Homœopathic Journal*, a new monthly medical journal, published by Bedell & Bro., New York, and edited by Dr. E. J. Lee, of Philadelphia, will appear in January. Established to preserve "the strict inductive method of Hahnemann," as especially desired by Dr. C. Hering. It presents an able corps of contributors, viz., Drs. H. C. Allen, T. F. Allen, J. B. Bell, E. W. Berridge, A. C. Cowperthwait, W. H. Jenny, Ad. and C. Lippe, Thos. Moore, C. F. Nichols, C. Pearson, Thos. Skinner, T. P. Wilson and others. This makes the eighteenth American homœopathic journal. We bespeak for it a hearty reception and success.

REVIEWS.

OPHTHALMIC AND OTIC MEMORANDA. By D. B. St. John Roosa, M.D., and Edward T. Ely, M.D., New York, Wm. Wood & Co.

CUTANEOUS AND VENERAL MEMORANDA. By Henry G. Piffard, A.M., M.D., and George Henry Fox, A.M., M.D., New York, Wm. Wood & Co.

We cordially commend these two little volumes to our readers, not that they contain anything new in the line of therapeutics, for this is old school, and to the homœopathist obsolete, but they both contain many good and interesting things common to both schools of medicine which cannot elsewhere be found so conveniently arranged. They have been very carefully prepared and contain a wonderful amount of information in a very concise compass. As works of ready reference upon the subjects of which they treat, we know of nothing that can compare with them, and for these reasons we give them our endorsement.

THE MEDICINAL TREATMENT OF DISEASES OF THE VEINS. By J. C. Burnett, M.D., London, 1881. London Homœopathic Publishing Company.

This new invasion upon the domain of surgery is from the pen of our esteemed colleague the editor of the *Homœopathic World*, author of "Natrium muriaticum," "gold as a remedy in diseases," "curability of cataract with medicine," etc.

When a man comes forward, as does our author in the book before us, with a proposition not generally accepted by the profession, it behoves him to proceed with great circumspection, that he may arrest and secure the attention of all not overlaid with prejudice. By an easy grade of inductive reasoning on the part of the author the reader is willingly lead to reconsider a question, upon which medical men have long been pretty well

agreed, namely, that such diseases as varicosis, varicocele and varices, are not amenable, in any important degree at least, to internal medication, and therefore should be relegated to the surgeon. He then boldly asserts that "atonic dilated veins may in many instances, be made to shrink to their original size by the proper use of medicines, administered internally and aided by certain auxiliaries,—in other words, varicosis, hemorrhoids, varicocele and varices are amenable to drug treatment, and therefore surgery, in this department of diseases of the veins, is to be superseded by medicines," and then proceeded by the citations of cured cases to prove his assertion to be correct and not visionary, and certainly the cases related present a good showing. If the author's conclusions are reliable, and one can see no valid reasons for doubting them, then a great gain has been attained in this department of medicine and to Dr. Burnett belongs the honor. We advise all our readers to procure a copy of this book and read it, to put in practise its precepts and report results.

A TREATISE ON DIPHTHERIA. By A. Jacobi, M.D.
New York. Wm. Wood & Co., 1880.

The author of this monograph, who is professor of diseases of children in the College of Physicians and Surgeons, New York, has given an unusual amount of careful attention to the subject of diphtheria, besides he is one of the most original and painstaking writers in the profession, never presenting his opinions and observations to the profession unless he has something of more than ordinary importance for the profession to learn, hence his work must be a welcome one. The book is divided into nine chapters, and discusses quite exhaustively the history, etiology, manner of infection, contagion and incubation, symptoms, anatomical appearance, diagnosis, prognosis and treatment of diphtheria. In the etiology of the disease the author has given a full account of the various theories of diphtheria. The bacteria theory receives considerable attention and is set aside as unsatisfactory, from observations of others and his own personal experience the author believes "that the presence of bacteria in diphtheritic blood has not been

proven. There is no theoretical ground for assuming that preventing the bacteria of a diphtheritic patch from making their way through the underlying mucous membrane will, *per se*, prevent general diphtheritic infection of the system. On the contrary, the septic and putrid poison is claimed by A. Hiller as distinctly chemical. Of the same nature, viz., chemical, is very probably the poison of those of the infectious and contagious diseases in which the presence of a characteristic parasite is a recognized fact, as anthrax and relapsing fever."

Nearly one hundred pages are devoted to the treatment. He opens this part of his work with the pertinent remark that it "is not possible to lay down a routine treatment for every individual case," but all should be treated on general principles. The free use of tonics and stimulants is highly extolled. He takes up in detail all the articles of any importance, or at least all that have attained any prominence in the control of this disease during the last twenty years, and generally sets aside one after another vaunted specific. Dr. Jacobi's book is one of more than usual interest, and its careful perusal will amply repay the busiest of us.

SURGICAL DIAGNOSIS. By A. L. Ranney, M. D. pp. 471, Wm. Wood & Co., New York.

The early date at which a second edition of this work is called for speaks unmistakably of its value. The author has with singular skill and perspicuity arranged the symptoms of surgical diseases likely to be confounded with each other in a manner affording the greatest facility. First, the differing symptoms in parallel columns, and then the symptoms common to both conditions under consideration. By reading down the page the characteristics of the one disorder are found by themselves; by reading across the page the comparison is readily made. There is unavoidably a certain amount of repetition in a work of this character, but it adds mostly to its value as a work of reference. We have had frequent occasion to refer to this work since it has been in our possession and speak advisedly when we say it is of the greatest value. To the second edition, a large amount of descriptive text has been added, which seems to complete

and round out the author's work. As it at present stands it is a necessity to the practitioner as it is a credit alike to its author and publisher.

MEDICAL RECORD VISITING LIST; or, Physician's Diary for 1881. New York. Wm. Wood, & Co.

Of the many visiting lists to which our attention has been called, this one we think claims the preference. In addition to the usual visiting list, it contains a number of valuable tables, which are often a handy thing for a busy man to have near about him.

DIAGNOSIS AND TREATMENT OF EAR DISEASES. By Albert H. Buck, M.D. Aural Surgeon to the New York Eye and Ear Infirmary; Instructor in Otology in the College of Physicians and Surgeons in the city of New York. New York. Wm. Wood & Co.

The author says, in his brief and modest preface, that in the following treatise it has been his aim to present, in text-book form, a picture of diseases of the ear as they have appeared to him in private and in hospital practice, and has followed closely the plan of using only the material stored up in his own case-books, and of describing only these methods of treatment which he has tested and found both safe and efficient.

The book contains a clear, compact analysis of disease of the ear; it opens with a sketch of the physiology of the organs of hearing. Chapter second is devoted to an examination of the patient, the use of the ear speculum, reflector and accessory instruments. Chapters five, six and seven treat of the examination and diseases of the middle ear. Chapter ten treats of miscellaneous conditions of the drum-membrane, ossicles and tympanic cavity. The book is a very interesting and instructive one; it is gotten up in good style, being the 12-vol. Wood's Library of Standard Medical Authors. It should be in *every* physician's library.

ELECTRICITY ; ITS NATURE AND FORMS, WITH A STUDY ON ELECTRO-PHYSIOLOGY. By C. W. Boyce, M.D., Chicago, 1880. W. A. Chatterton, Publisher.

We are gratified to learn that a second edition of this little work has been demanded. Dr. Boyce, in a clear and fascinating way, discusses the subject of electricity, its nature, cause and effect. To those not *au fait* upon this intricate and increasingly interesting subject, the author's *talk* is most refreshing. One can understand every word he says. Magnetism, Franklinism, Galvanism and electro-galvinism are not empty phrases, when he handles them, but convey distinct ideas of electric conditions. Static and dynamic electricity is elucidated, in fact the whole subject is made plain and comprehensible. Positive and negative, induced and primary currents do not get mixed up and befuddle the reader's brain. To those who wish to obtain a fair amount of sound information, in an easy and agreeable manner, upon the subject of electricity, we heartily recommend this little volume.

A review of Dr. R. R. Gregg's work, on Diphtheria and Bacteria is omitted from this issue, for want of room.

CORRESPONDENCE.

DR. SEARLE'S STATEMENT.

BY P. P. WELLS, M.D., BROOKLYN, N. Y.

To Henry Minton, M.D. :

In the HOMŒOPATHIC JOURNAL OF OBSTETRICS, for November, 1880, p. 212, is found what purports to be a repetition of a statement by Dr. Searles, of Brooklyn, made at the semi-annual meeting of the State Homœopathic Medical Society of New York, to the effect that when "examining the records of the Board of Health," of this city, "he discovered, on a comparison of the number of death certificates filed by four or five homœopathic physicians, of different proclivities, as to dose, but enjoy-

ing practices of about equal size and character, that one who was well known to be *low* in the prescribing had *one* death charged to him, while three others, pronounced high dilutionists, had ten, fourteen and twenty-five respectively, during the year.”*

The object of the doctor in this loose statement evidently was to give it the character of statistical fact, and by this to give whatever of weight might inhere in it in favor of low potencies in practice. For this purpose the statement is simply worthless, and but for its repetition in your journal, might have been left with other silly utterances to the forgetfulness to which its worthlessness was sure to consign it.

We have called the statement of Dr. Searle worthless, for the purpose for which it was given, for the following reasons:

First. For the absence from it of one element indispensable in any statement of cases, with a view to a comparison of their relative mortality. It fails in each case to give the number of cases treated by each of these physicians. This should be known before it can be said of either that he was more or less successful than the others. The proportion of the fatal cases to the whole number treated is that which alone can decide this. So far as the doctor's statement informs us, he only examined certificates for interment given by different physicians, and when he had finished this duty he seems to have jumped to his conclusion by the aid of other factors, which we are warranted in saying he derived largely, if not solely, from his own imagination. He assumes of this man that he was of “low” and of the other that he was of “high” proclivities in practice. Now what does he actually know of the practice of either? It is difficult to suppose he had any better information than that general impression

* The report from which this extract is taken omits the greatest number of certificates said to have been charged to a doctor of “high proclivities” in practice, *viz.*: *forty-one*! As the difference between this and *ten*, the lowest number allowed in the Dr.'s statement to a “high” doctor, is as much greater than that between *ten* and *one*, the number charged to the *low*, and as the practice of all these doctors is said to have been equal in amount and character, it is evident the cause of this great difference in mortality is to be found outside of the question of the potencies used. It does not help the position of Dr. S. when told, as we have been, that this doctor of the *forty one* deaths was a “*low*” and not a “*high*” doctor at all.

of his neighbor's business, which may so easily be wholly a mistake, and which only the loosest and most careless of minds would adopt as a basis for statistics by which judgment is to be formed in so important a matter as the comparative success of different methods or means in medical practice.

Then, in the second place, he assumes that the practices of these physicians are equal, or about so, in amount and character, *i. e.*, each treated the same number and character of diseases in this year, of which he has given the fatal cases. Now, it can hardly be an unjust judgment which shall pronounce this statement, so given, and for this purpose, unqualified impudence. There is probably not a physician in Brooklyn, including Dr. S. himself, who knows the number of patients he has treated in any one month of his practice. If there be one, he is an exception to the rule. And yet here is an assumption that the practice of some four or five gentlemen is of equal amount and character, when neither of these probably knows the number of patients he has treated in any month or year of his practice, and still this man would have us believe he knows all about it, and, so far as his statement goes, that he got his knowledge from examining death certificates.

This was not the first time this statement of Dr. S. has been publicly made, if memory is not at fault, and apparently for the same purpose, *i. e.*, to raise a presumption, at least, in favor of low numbers in practice as against high. Stripped of all which the imagination of Dr. S. has supplied, and his statement amounts to just this: He examined the files of death certificates at the Health Office, and found a certain number, within a given time, signed by certain physicians, and this is all. And this is gravely uttered and repeated as evidence to prove the superior virtue of low potencies in practice, while the plain truth is, it only proves that in a given time a certain number of these certificates were received at the Health Office signed by these four or five doctors, a fact of no earthly interest to any human being except it may be to these doctors and these dead, and of but precious little now to these last.

But, it may be asked, is not the number of these certificates evidence of the number of failures to cure of

each of these gentlemen, and are not *all* such failures of necessity so revealed at this office? We answer, not so, if there be any truth in the charges made that there are those who resort to ways and means to escape the responsibility of affixing their names to these necessary documents when they are so unfortunate as to lose patients. It has been rumored that the individual who was *low* and only here charged with *one* death in the year, in this statement of Dr. S. has many times done this very thing. If this be so, then these certificates are by their number no sure evidence even of the truth of the number of losses of such persons, nor of anything else, except, at such a time, such a person died. And yet these alleged discoveries in these certificates, together with the imaginations of Dr. S., have been repeatedly paraded to do the office of witnesses to the superiority of low potencies in practice.

The number of death certificates signed in a given time by any physician, is no evidence of skill or want of it, in the absence of other facts necessary to establish this. In large cities there are always found incurable sick persons who have exhausted the skill of their attendants, and are ready to call any new comer or old, if told by a friend that this one can probably give help in the case. The greater the ability of the doctor, the more such calls he is likely to have, and they are likely to be in the last stage and near their necessary fatal termination, and as the signing of the death certificate falls on the last medical attendant, the very fact of superior ability is insuring to him numbers of these losses for which he really never had any responsibility whatever. Such certificates, however numerous, are no evidence of want of skill on the part of the attendant, or of efficacy, in general, of the means he has employed.

It is no easy matter to gain reliable evidence from comparison of the results of private practice of individuals as to the superior efficacy of high or low potencies in curing the sick. The essential data for this are almost of necessity wanting. It is otherwise in large institutions where large numbers of patients are treated and each case is a subject of record from beginning to end. And it is worthy of remembrance that where such comparisons have been made and the results gathered up

they have not testified to a superior curative power in low potencies, but just the contrary. It is only to mention this, and the ten years' experiments and observations of Wurmb, in the Hospital Barmherzigen Schwes-tern, in Vienna, come immediately before us. Wurmb, though no believer in high potencies, was constrained to say when he saw the revealed superiority of the higher potencies over the lower in these experiments, that he could see no reason for doubting his success would have been still greater if he had used still higher potencies.

The question of greater efficacy in the high or low potencies is of the first importance to both the physician and the sick. It is not to be solved, or is its solution aided in the least degree, by such loose and ill considered statements as this of Dr. S. Indeed it is difficult to account for his having made it without supposing it to have come from a hasty and eager desire for a verdict at variance with the teachings of the experiments and observations of the best minds who have given testimony in this matter.

As additional evidence to that heretofore published on this question, we are able to add from the records of one of the well-known public institutions in New York, where every case treated becomes a matter of record. This is given with the greater satisfaction, because it is in such institutions, where all the facts are recorded of every case, that we are to look for the evidence which is ultimately to settle this question in spite of ignorance or prejudice.

In the *Five Points House of Industry*, in three years, there were 3,572 patients treated with low numbers and alternation of remedies, with a loss of 44 by death. In eight other years 7,523 patients were treated with high numbers and the single remedy, with a loss of 37. It will be seen that the mortality of the low and alternating practice is something more than twice as great as that where higher numbers and the single remedy was the unvarying practice, *i. e.*, of every ten lost in the three years series more than five might have been saved if they had been treated by high numbers and the single remedy. The difference is too great and the record covers too much time to admit the plea that it was in any part the effect of accident. It is well calculated to instruct those who

have derived or cherished their preferences from comparison of death certificates.

PHILADELPHIA, January 1, 1881.

DEAR DOCTOR :—At the “Hering Memorial Meeting,” held in Philadelphia on the tenth day of last October, at the same hour that similar Memorial Meetings were held in the chief cities of the United States and of Europe, it was unanimously resolved to collect the various speeches and eulogies delivered at these meetings into a volume, under the title of “The Hering Memorial,” which should serve not only as an expression of the veneration and affection in which we hold the memory of our great colleague, but also as a monument to his surpassing excellence as a man and physician, more enduring than any structure in bronze or stone, and one which, we are sure, would be more in accord with his own wishes.

The undersigned, literary executors of Dr. Hering, were appointed to edit this Memorial volume for which the materials are already in hand, and are merely awaiting the necessary funds for publication.

The Rev. Dr. Furniss has kindly consented to write a short Memoir of his old friend, and this with the material before mentioned and various papers furnished by eminent physicians and by personal friends, will make a volume of several hundred pages, which cannot but prove of great professional and historical value, and at the same time its contents will be sufficiently varied, to prove attractive to general readers, ever for the few minutes they are awaiting attention in the physician's office. The book will be handsomely bound and illustrated.

In order to accomplish this object, you are asked to send to any one of the undersigned, whatsoever sum you may find it a pleasure to give towards the publication of this book, in memory of one who gave freely of all he had to his beloved Homœopathy.

To all contributors to the publication fund, a copy of the book will be sent.

Messrs. Boericke & Tafel, the well-known publishers, have kindly consented to attend, without remuneration, to the distribution of the volumes; the artist furnishes the drawings as his contribution; there remains, therefore, as the sole expense of the book, the cost of paper, engrav-

ing, printing and binding. Whatever sum remains after paying these four items, will be presented to Mrs. Hering in the name of all the subscribers, of whose names a printed list will accompany each volume.

Yours Respectfully,

C. G. RAUE, M.D.,
121 North Tenth Street.

C. B. KNERR, M.D.,
112 North Twelfth Street.

C. MOHR, M.D.,
555 North Sixteenth Street.

NEWS AND ITEMS.

—*Ludlam's Diseases of Women*, 5th edition, is passing rapidly through the press

—A case of Opium poisoning is reported in the *Southern Clinic*, due to the use of Dr. Bull's Cough Syrup.

—AFTER PAIN.—Dr. Hale advises vib. op., five drops three times daily for two weeks preceding labor, to prevent after-pains.

—EXPERTS.—The Legislature of South Carolina has passed a law allowing physicians \$10 for testifying as experts in any medical case. This in addition to per diem and mileage.

—The *Obstetrical Journal of Great Britain and Ireland* ceased to exist with the issue of the December number of 1880. A lack of appreciation in the land of its birth seems to have been the cause of its demise.

—THREE DEATHS FROM CHLOROFORM are reported as having occurred in November and December last. One of these was in Ballard county, Kentucky. One in Guy's Hospital, London, and one in Billroth's clinic, Vienna.

—Now that President-elect Garfield is a staunch homœopath, we hope Homœopathy will receive a fair portion of the national patronage, such as appointments in regular service, favors from the National Board of Health, appropriations, etc.

BOOKS.—Those who wish to get the most for their money in buying standard medical works, cannot do better than to purchase the Medical Library published by Wood & Co., during the year 1880. Quite a library of interesting and valuable reading can be obtained at a *very* small expense.

MEDICAL JOURNALS.—Enlargement and improvement seems to be the order of the day with the medical magazines. *The Medical and Surgical Reporter*, the *Philadelphia Medical Times* and the *New York Medical Journal* all promise an increased number of pages for 1881 with no increase of price.

—Many of our subscribers have, no doubt, ere this received a copy of the circular of Dr. George B. Peck, Jr., Chairman Bureau of Obstetrics, American Institute of Homœopathy. We bespeak for it careful attention, and hope it may call out from each one the information sought. It will not be the fault of the chairman if this bureau does not make a grand showing at the next meeting.

—**SIX CHILDREN IN TWO YEARS.**—The wife of Patrick Farahn, of Newtown, between February 12, 1879, and January 4, 1881, gave birth to six children in the following order: On the date first mentioned she had triplets; on March 11, 1880, one child was born, and on January 4, 1881, she gave birth to two more—making six in less than one year and eleven months.

—The last sweet thing in words—dyskinesia—coined by the gynecologist, shows a sad falling off. It is not sufficiently panphonic. It lacks the tinkling mellifluousness of “kolpokleisis” and its twin brother “kolpoecpetasis.” We implore the soaring spirits who gave to the world a “hystero tracheloraphy” and a “laparoelytrotomy” not to falter in their good work. Our nomenclature is not yet simplified enough, nor is the Greek dictionary quite exhausted.—*Western Lancet*.

—The most efficient corps of nurses that it has ever been our good fortune to meet with, is that organized by, and now under the direct supervision of “Sister Mildred,” of the Protestant Episcopal Church, at the Brooklyn Homœopathic Hospital. The corps is comprised of young, healthy women, who serve from convictions of religious duty, having vowed their whole lives to this ministry of the sick and wounded. The thorough knowledge, obtained by long and patient study, which they possess of the art of caring for the sick, together with their quiet and lady-like demeanor affords a cheering, health-giving comfort to the afflicted, and has proven in the past a most effective aid in the restoration of health, an aid which none appreciate more, or are louder in praise of than the gentlemen comprising the medical and surgical staff connected with this model institution.

ABSTRACTS.

VOMITING CAUSED BY A MISPLACED UTERUS.—Dr. Graily Hewitt related a case, at a recent meeting of the Clinical Society of London, of a young lady, aged 20, who suffered from sick stomach and vomiting during a period of ten months, induced by a displacement of the uterus. The uterus was restored, and the patient recovered.—*Maryland Medical Journal*.

—JAPANESE OBSTETRIC PRACTICE.—According to the *Presse Medicale Belge*, the Japanese physician, after having obtained a pretended reduction of irregular presentations by abdominal massage, makes the patient arise; he places his shoulder against the chest of the woman, and makes her pass her arms around his neck. He then clasps her knees between his own, so that she is well supported, and practices a lateral massage with the hands, starting from the seventh cervical vertebra, from above downwards, snapping his fingers to distract the woman's attention. Finally, he rubs with the palm of his hand from behind forward, the buttocks and thighs, sixty to seventy times, and this every morning from the fifth month. We may add that the Japanese practitioners are generally aged.—*Med. Press and Circular*.

—A PLEA FOR ANÆSTHESIA IN LABOR.—Dr. D. M. Barr, of Philadelphia, sums up as follows: 1st. The claim of the parturient woman for anæsthesia is unequalled by any claim in the wide world. 2d. These claims will not have received a fair response until the anæsthetic is as common in the lying-in chamber as upon the operating table. 3d. A proper anæsthesia is more directly indicated and more safe in the ordinary obstetric patient than in the surgical patient, case for case. 4th. We have an anæsthetic mixture (ether, three parts; chloroform, one part; alcohol, two parts), capable of producing perfect immunity from suffering without intoxication, without vomiting, without reaction or dangerous sequences. 5th. The babe offers no contra-indication, since its safety is not jeopardized. 6th. Labor is not hindered, but rather hastened, by the anæsthetic. 7th. Anæsthesia offers no contra-indication for the use of any medication which would be indicated in its absence.—*Med. Observer*.

—MARITAL RELATIONS IN UTERINE DISEASES.—A factor in the etiology of uterine disease not always considered is the relation which the size and direction of the male organ assumes in coition. An obstinate case of ulcerated os has been related to us by a medical friend, which resisted all treatment until the husband was directed to wear a large rubber ring during the

marital relation, thus preventing intromission beyond a certain extent. The subject was lately brought before the Berlin Gynæcological Society by Dr. Lohlein. He narrated a case of injury to the urethra, causing intense pain and dread of coition, produced by an erroneous direction of the penile organ. Unusual size or length of the organ is, no doubt, a frequent source of irritation, and until met by appropriate measures, such cases are next to incurable.—*M. and S. Reporter.*

—A SIGN OF PREGNANCY.—Professor Willmiam Goodell, of the University of Pennsylvania, lays down the following rule in examining for pregnancy: "When the cervix is hard as the tip of the nose, pregnancy does not exist; when as soft as the lips, the womb most probably contains a fœtus."

—NEW METHOD FOR DETERMINING THE PURITY OF MILK.—M. Ohm has discovered a method of ascertaining the purity of milk without the use of apparatus.

He mixes with the milk to be tested, about an ounce of well pulverized gypsum, until the mass assumes the consistency of a paste.

By taking account of the time that the paste occupies in hardening, the quality of the milk may be determined.

If the milk has a specific gravity of 1,030 at 60° F., the mass will be congealed in 10 hours; if mixed with 25% of water, in 2 hours; with 50% of water, in 1½ hours; with 75% water, in about 40 minutes.

Professor Reichardt has confirmed the exactness of these results, and Mr. Ohm is therefore disposed to renew his experiments.—*Hom. News.*

—HYDRASTIS.—In the sore mouth of both mothers and children we think this drug is almost unrivalled, and when "the thrush has gone through the child," as the nurses say, and appears as an intertrigo on and about the genitals and adjacent parts, this drug is second only to sulphur. We often advise the use of corn starch medicated very lightly with hydrastin as a toilet powder for such cases with the happiest results. This same powder is also homœopathic and very relieving to those mild forms of erysipeloid rash which sometimes characterizes debilitated states of the system. In chronic bronchitis this drug is simply magnificent. There is a dry, hard cough with much laryngeal irritation or else a loose, but hard cough with much naso-pharyngeal catarrh, and in almost all cases marked prostration, loss of appetite and constipation. We find it most useful for the aged; and we must say that we have the best success with several drop doses of the tincture several times a day. With this treatment we have cured many very alarming cases.—*C. M. Conant, M.D., in Med. Counselor.*

—CHLOROFORMING DURING SLEEP.—The possibility of chloroforming a person in sleep, without waking him, having been disputed in a recent murder trial, Dr. J. V. Quimby, of Jersey City, was led to test the question experimentally. The results were presented in a paper before the section of medical jurisprudence at the meeting of the American Medical Association a few days ago. Dr. Quimby made arrangements with a gentleman to enter his room when he was asleep and apply chloroform to him. This he did with entire success, transferring the person from natural to artificial sleep without arousing him. He used about three drachms of Squibb's chloroform, and occupied about seven minutes in the operation. The second case was a boy of thirteen who had refused to take ether for a minor operation. Dr. Quimby advised the mother to give the boy a light supper and put him to bed. She did so, and Dr. Quimby calling when the boy was asleep, administered the chloroform and performed the operation without awakening the boy. The third case was a boy of ten years suffering from an abscess, and the same course was pursued with equal success. Two important inferences may be drawn from these cases, Dr. Quimby said. Minor surgical operations may be done with perfect safety and much more pleasantly than in the ordinary way, and, secondly, a person somewhat skilled in the use of chloroform may enter a sleeping apartment and administer chloroform with evil intentions while a person is asleep. Hence the use of this drug in the hands of a criminal may become an effective instrument in the accomplishment of his nefarious designs.—*Med. Advance.*

—CAULOPHYLLUM.—We have found this drug almost specific for "false pains" during pregnancy. We have remarked that it seems almost like a two-edged sword—it cuts both ways. If a pregnant woman thinks she is near "term" and has abdominal pains which she thinks are labor pains, and yet they have not the "crescendo of true labor pains; especially if vaginal examination fails to disclose signs of approaching parturition, we always give caulophyllum. If the pains are "false pains" they will usually cease shortly after the drug is given. If per contra, we are mistaken, and the woman is in the first stage of labor, no harm results, for the pains will come on all the more promptly, rapidly and naturally and the first stage of labor will be materially shortened. Several of my colleagues report the same experience. I use the third decimal trituration every half hour or hour.—*C. M. Conant, M. D., in Med. Counselor.*

—LACERATED CERVIX.—O. E. Herrick suggests a modification of Emmet's operation for lacerated cervix. He freshens the edges of the laceration, but instead of applying sutures as Em-

met directs, he encircles the neck with a rubber ring or with several of the little rubber loops that are found at the stationers' and used for holding papers together.

He claims the following advantages from this modification of the operation : First, as about all the pain experienced during the operation is from the introduction of the sutures, if these are omitted, an anæsthetic may be dispensed with. Second, if the patient is not etherized, it is not absolutely necessary to have professional assistance, and one can operate upon patients that would not listen to such a proposition if strange physicians were to be present. Third, the parts are kept in just as close contact, and union takes place just as soon. Fourth, there is less danger of inflammation taking place in the parts. Fifth, there are no stitches to remove. Sixth, in slight cases patients may be operated on at the office, and even without knowing that they are undergoing any important operation, as they are not obliged to keep their beds a single day on account of it.—*Medical and Surgical Reporter*.

—HOW TO FEED FEVER-PATIENTS.—By Ch. Gatchell, M.D., Milwaukee, Wis.—The old notion that one should “stuff a cold and starve a fever” has long since given way to the modified doctrine that both the cold and fever should be well fed. It was the great Dr. Graves, of Dublin, who said that he desired no greater epitaph on his tombstone than simply this : “He fed fevers.” To the reform which he thus initiated we owe many lives, for no doubt, under the old method of keeping the patient on a low diet for fear of adding “fuel to the flames,” many poor victims were actually starved to death when recovery would have followed, had they been properly nourished.

But care and judgment in the management of the dietetics is as important as the medicinal treatment itself, and a certain plan must be observed. The instructions which follow, will apply to almost all the acute fevers. It is well to keep in mind a few general

RULES.

Give *no solid food* to a fever patient.

Let the food be *simple*, but *nutritious*.

Give food at *frequent intervals* and in *small quantities*.

Let a fever-patient have all the cold water he wants to drink.

Remember also that those fever-patients who have been judiciously nourished will make the best recoveries.

Solid food given during convalescence will often cause a relapse.

If the patient be properly nourished from the outset there will be little need of alcoholic stimulants.

If the patient's mouth be foul, the lips, teeth and tongue covered with "sordes," before giving food cleanse the mouth with cool water containing a little lemon-juice, using a swab or the corner of a napkin.

When a patient is weak and lying on his back, it is exceedingly tiresome for him to take food or drink a spoonful at a time; even this slight effort wearies him. At such time none but liquid food should be given, and this through a bent glass tube.

Food for fever-patients should be *fluid in form, easy of digestion* and highly *nutritious*.

MILK.

No better form of food than this can be chosen if it agrees with the patient.

Give to the patient regularly every two hours a teacupful of milk. This may be fresh from the cow, or scalded, or ice-cold, to suit the fancy of the sick one. When but little food can be taken, it is a good plan to have a pitcher of iced-milk, and when the patient complains of thirst give this instead of water. The best way of administering it is to let the patient draw it through a bent tube.

If the milk disagrees, or is thrown up curdled, a tablespoonful of lime-water to a cup of milk may prevent this.

BUTTERMILK.

may be given instead of sweet milk. It is both refreshing and nutritious. It should be fresh, and, like the milk, given in small quantities, frequently repeated. Its tendency is to allay fever.

To some patients milk is repugnant. To others its continued use will render it so. Its use then may be varied by giving gruel.

The perfection of gruels should be, according to Mrs. Austen, "thin, but not too thin; thick, but not too thick."

For the first three days of the fever, if the patient receive oat-meal gruel the waste of tissue, which occurs during that time, will be fully met. The oat-meal, however, should be *thoroughly well boiled*. If it be underdone, more harm than good will follow.—*Med. Counselor*.

—CASE OF OVARIOTOMY COMPLICATED WITH PREGNANCY, By Dr. H. P. C. Wilson, of Baltimore.—What shall be done with a large ovarian tumor existing with pregnancy is a question any physician may be called upon to decide at any moment. That is a question I was required to decide since our last session, and for lack of a rule I was at a loss for a correct line of action. When the ovarian tumor is wholly cystic I have been taught to tap the tumor from time to time and then perform ovariectomy as a last resort. In other words I have been taught to draw off the

ovarian fluid as often as possible. When the tumor is solid or semi-solid, so that it cannot be reduced in this wise, there is nothing left but ovariectomy or the production of premature delivery. If the ovarian tumor is likely to obstruct delivery, I would prefer its removal. Mother and child are equally as safe with the radical as with the palliative treatment and more so when tapping must be repeatedly done. In the compound tumor where the fluid predominates over the solid, if such tumor has not firm and extensive adhesions, I would select ovariectomy in preference to repeated tapplings, in the interest of mother and child. Each tapping of the ovarian tumor is followed by new and strong adhesions to the adjoining organs. The chances for the safety of the child are not greater than from a prompt radical operation for the removal of the ovarian tumor under antiseptics. Where the ovarian tumor coexists with pregnancy, and is solid or semi-solid, and so large as not to leave room for the tumor and expanding uterus, tapping is out of the question. It seems to me that the extent of adhesion to adjacent parts is an important question in forming our prognosis of the case and not in determining whether the tumor is solid or soft. I am of the opinion that where pregnancy supervenes on an ovarian tumor so large it is better to perform ovariectomy during the first three or four months of gestation than to tap. Just such a case has been presented to me since our last session, and, by acting on the above, I have been gratified to have saved both child and mother.

The reasons I adopted this course are: First, because pregnancy, though reasonably certain, is not absolutely certain; secondly, the patient was in every way a good subject for an operation, and the tumor was in good condition for an operation, apparently free from important adhesions; thirdly, if tapped and retapped before confinement, the tumor by being misplaced by enlargement of the uterus will probably form so many adhesions as to be dangerous after pregnancy; fourthly, the patient lived in a community distant from medical aid, and if not frequently tapped during the seventh and eighth months there was danger of rupture. The patient could never be in as good a condition for tapping as then. Repeated tapping must be accompanied by loss of strength, and danger to the child.

I have lost one patient from general peritonitis caused by rupture of an ovarian tumor during labor. One clean incision into the abdominal cavity I consider to be of less danger to a woman than the risk of being left alone to rupture of the cyst and complications of labor, the dangers of repeated tapping or failure to tap as frequently as necessary. I perform ovariectomy on women generally when nearly four months advanced in pregnancy.

The doctor here recited at length the history of a case in which

at four months he performed ovariectomy, and both mother and child were saved.

In twenty-six days after birth of the child, the mother was at home saying she felt as well as ever before in her life. Her pulse never rose above 80, her temperature never above 100°, and her respiration not above 28. The results of ovariectomy show exceedingly well for both mother and child, and commend the radical instead of the palliative treatment under such circumstances.

The doctor here recited in brief the history of several cases. In one case, after sixteenappings, ovariectomy was performed and the tumor extirpated, which weighed eighty-one pounds. The woman died of inanition one month after the operation.

He reported twenty-nine cases of ovariectomy of which twenty-four got well and five died. Twenty children were born and five died. Out of the five women who died probably three would have been saved at the present time under the improved methods for performing the operation. So that the mortality may be reduced to two out of twenty-nine. The statistics, therefore, seem to show that ovariectomy previous to the six months is more successful to the mother and vastly more successful to the child than is the palliative treatment. I would advise, therefore, that where pregnancy occurs with a tumor so large that there is doubt as to whether the delivery can safely occur, it would be in the interest of both mother and child to produce ovariectomy previous to the sixth month.—*Obstetric Gazette*.

—Recently a paper manufactory in Passaic washed a quantity of carbolized paper in the Passaic River, perhaps a hundred pounds, and a few days after the people of that place tasted carbolic acid in the water. By actual measurement it was ascertained that not over seven pounds of carbolic acid had been used in making the paper, and the fact that so small a quantity could permeate 200,000,000 gallons of water, is noted as of interest to scientists. The water is aerated by passing over rapids and dams, through four miles of river, seven miles of pipe and countless taps. No injurious effects resulted, but the odor was not desirable.

—TWIN LABOR—DOUBLE VERSION.—In the *Buffalo Medical Journal*, for September, 1879, is the report of a case of twin labor where both children presented by the arm. This case, occurring in the practice of Dr. Edwin Borck, of St. Louis, was first reported in the *Obstetric Gazette*. As an introduction to the report, we published a table taken from Cazeaux, showing the various presentations obtained in 329 twin labors. In not one of these cases did the first child present transversely. We

also remarked at the time that "many other writers fail to mention cases of this character, and otherwise ignore the subject. In regard to the difficulties encountered in turning the first child, it is impossible to find anything in treatises upon midwifery."

On the night of May 16th, I was called to see Mrs. S., aged 36, in labor for the sixth time. Her former labors had been easy and wanting in any particular points of interest. A quite intelligent midwife in attendance informed me that the patient had been sick for a number of hours; that the os was dilated to nearly its full size, with the membranes bulging, but that she had been unable to find any part of the child presenting. After having satisfied myself of the truth of these statements, I proceeded to assist the patient. I slowly introduced the hand between the membranes and the walls of the uterus; the umbilical cord, pulsating vigorously, was first encountered; next a hand was felt, and soon, having nearly reached the fundus, both feet were arrived at. After pulling these down a short distance, the hand was passed through the membranes, the child turned, and delivered with little difficulty. It was now discovered that a second child lying transversely and in a separate amniotic sac, still remained. It was easily delivered in a similar manner, the placenta soon following. The children, somewhat undersized, were both alive and apparently healthy.—*Dr. P. W. Van Peyma.*

—HOW TO MAKE BEEF TEA.—This much-abused article will find its chief use in those weak conditions in which the patient needs stimulating. There is not much nourishment in it, but it seems to have remarkable power of sustaining life out of all proportion to the solid matter which it contains.

If a patient has continued fever, and it is known that beef-tea will be wanted from day to day, too much pains cannot be taken in its preparation. It is well to observe the following

RULES :

1. Never let beef-tea boil.
2. The finer the beef is cut the better.
3. Always begin with *cold* water.
4. Beef-tea that "jellies" when cold has not been properly made.
5. There should be no fat, gristle or bones adhering to the meat.
6. The proper proportion of beef and water are a pound to the pint.
7. After being made, carefully remove from the surface all traces of fat.
8. To "warm up" beef-tea, put it in a cup and set the cup in a vessel of boiling water.

To get *all* the virtue of the meat the following recipe is the best:

Take one pound of fresh meat, cut very fine, soak in one-third of a quart of cold water over night. In the morning remove the meat, saving the water in which it has been soaked. Put the meat into two-thirds of a quart of water and let it simmer for two hours, keeping the water up to its original level by replacing what is lost by evaporation. Now pour the beef-broth into the cold liquid in which the meat was soaked, squeezing the meat as dry as possible.

The meat which remains should be spread on a tin plate and slowly dried in an open oven. When perfectly dry it can be reduced to a powder in a mortar. Mix this meat-powder in the liquor and you have all the elements of the meat in a fluid form. Salt to taste and add twenty drops of *muriatic acid* and three grains of *pepsin*.

A simpler method, and one which will answer for all ordinary purposes, is the following :

Prepare a pound of beef in the usual manner and soak it in a pint of cold water for two hours. Now place the vessel containing the meat into a sauce-pan of water, and let the water in latter boil for three hours (putting the meat and water into a stone bottle and this into a kettle of boiling water answers the same purpose). Replace water that is lost by evaporation. When done, strain and salt to taste—*Med. Counselor*.

—INVERSION OF THE UTERUS.—A number of cases of this nature have recently been reported to the Societe de Chirurgie, and M. Chavernac, on the 23d of June last, after reporting a case on which he had operated, read a paper on the subject, in which he arrived at the following conclusions:

1. Inversion of the uterus may be complete.
2. It may come on in consequence of the dilatation of the organ, or be congenital.
3. Violence or bad management during labor is the most frequent and the most efficient cause of the affection.
4. Complete uterine inversion may cause death rapidly immediately after its production, but it is not necessarily incompatible with life.
5. Its diagnosis is easy, and it is difficult to understand how errors have been committed by many distinguished surgeons.

[As a matter of fact, however, such errors, as is well known, are by no means uncommon; and an inverted uterus has quite frequently been removed under the impression that it was a polypus.—TRANSLATOR.]

6. The prognosis is always bad.
7. Reduction should always be attempted.

8. Surgical treatment is only justifiable after all other means have been exhausted, and if life is seriously threatened.

9. The operation by the bistoury has given place to that by the ligature.

10. A badly-applied ligature may occasion serious symptoms.

11. A much larger percentage of success has followed the use of the elastic ligature than when other modes of treatment have been employed.—*American Homœopath*, Oct. 1880.

—THE CÆSAREAN SECTION.—On May 22, S. S. Lungren, M.D. of Toledo, Ohio, performed this operation for the second time upon the same woman, delivering a living male child—the mother having “a better getting up than the average case of labor.” The child delivered at first operation, a girl, is now five years old.

“The whole number of cases of the Cæsarean Section in the United States is 133, with 49 recoveries. The whole number for North America is 121, with 56 recoveries. There have been 28 early operations, with 21 recoveries, and 23 children out of the 28 were born alive. There were 19 cases in which the sutures were used to close the uterine wound. There have been nine women operated upon twice in America and seven saved. Mother and child both saved in two instances.”

Dr. Lungren is a Homœopathist.—*American Jour. of Obs.*

—MECHANICAL DISORDERS OF THE CERVIX UTERI, By J. C. Morgan, M.D.—First, I will name *contraction*. This will usually be found at the internal os; it is sometimes found the cause of dysmenorrhœa, and even after this has been relieved, continues the occasion of sterility. In the latter case, mechanical means are both proper and speedily effective.

A sea tangle tent is to be introduced through a speculum, completely through the internal os; then apply a wad of raw cotton, soaked with glycerin, which may be diluted if not tolerated of full strength; after this, dry cotton; then the menstrual napkin, to receive the inevitable serous discharge. Let the patient lie abed until next day; then, with the speculum, remove and reapply the dressing.

This is applied two days before the menses, the second dressing one day.

After treatment for two successive months, or sooner, using medicines as needed, the patient will probably be found pregnant. Care must be taken not to interfere if pregnancy occur after the first treatment. There would seem to be a connection between contracted os and the second of these disorders to be mentioned, viz., *conical cervix* or *elongated os*.

This I attribute to the universal practice of sustaining the clothing, with or without corsets, but especially *with* them, on

the epigastrium. The effect is a *uterine paraphimosis* (if the uterus be firm enough to maintain its normal form); in other words, it is protruded through its vaginal mucous envelope, in the same fashion with the glans penis within the prepuce in that affection. Hence contraction of the inner os as a coincident malady.

Think of the common surgical remedy for this—amputation of the cervix! Why not amputate the glans? The one is as sensible as the other.

Resulting from the same fashionable dressing and its usual concomitants, is another common disorder in the mechanism of the cervix, viz., *anteflexion*.

No case of dysmenorrhœa is fully diagnosed without a certain knowledge of its presence or absence. This same may be said of its opposite, to be mentioned directly.

A uterus unable from congestive softening, inflammatory heaviness of the ovaries, one or both, the softening mainly posterior; these, with the superincumbent pressure of clothing and bowels, and, through the corset-bone, the weight of the upper half of the trunk in indolent rest thereon; these being present, the thing is done.

Shall we slit the os and the convex interior of the wall of the cervix? Nay! but mercilessly sacrifice the woman-killing paraphernalia; get up her muscularity by every means, cure inflammatory softening, and temporarily support with the glycerine wad, applied every second day.

Retroflexion is the same thing with a difference. Given the same conditions as before, only that the inflammatory softening is anterior instead of posterior, and we have this as the result. Without any *uterine* softening, versions, not flexions, take place; lateral version being the effect of one-sided ligamental softening. Softening of both ligaments causing median version. Both are often combined.

The cure of retroflexion is the same as that of anteflexion, only the wad must go behind the os, for retroflexion versions require like adjustments.

The Boston Reform Suit, or its equivalent, is a great desideratum in the cure of all such complaints.

Lach., stram., nux vom., for left-sided pains; sulph., ferr., apis, Æsculus, for the right.

Sacro-lumbar, sepia, Æsculus; hypogastric, cimicif., nux vom., bry., sepia, sulph., acon., verat. virid.—*Trans. Hom. Med. Soc. Penn.*

—MAPLE SUGAR IN THE TREATMENT OF DIABETES.—Dr. H. Brubaker reports a case of diabetes mellitus in a patient æt. 70. The patient had been suffering for several years and was much

emaciated. He had a fondness for maple sugar, and was finally told to eat it ad libitum, no restrictions being placed on this diet. From this time the sugar in his urine began to grow less, and finally entirely disappeared as did the other diabetic symptoms. The patient died however, from other causes.—*Clinical Record*.

—POLYPUS EXCRESCENCES OF THE URETHRA.—Dr. Terrillon (*Le Prog. Méd.*) in an article on the relation of these excrescences to tuberculization of the urinary organ in females, says: "The polypi excrescences of the urethral orifice in the female, present, in an etiological point of view, two distinct varieties. The one is idiopathic or due only to a slight irritant cause. The prognosis is favorable. Ablation in these cases brings a rapid cure; they are the most frequent.

"The second variety, on the contrary, although possessing the same external characteristics as the preceding, accompany or precede urethritis or tuberculous cystitis, of which they constitute an important symptom. The prognosis is grave on account of the general affection. They serve as an important diagnostic guide to tuberculosis of the urinary organs often so difficult in the female. Treatment brings little or no relief."

—FERRUM IODATUM.—After relating an interesting case of delayed menstruation, due to an undeveloped condition of the ovaries, the doctor says drugs were selected which are known to have more or less effect upon the uterus. The first one selected was the iodide of iron, and though he failed to establish the menstrual flow he obtained a goodly array of uterine symptoms, which he relates, and closes his paper with the following observations:

Urine scalds.

Leucorrhœa white, like boiled starch; the discharge, when the bowels move, is stringy.

Itching and soreness of the vulva and vagina.

Parts are much swollen.

Thus was developed in the prover, a consistent series of symptoms, easily recognized as belonging to the phenomena of so-called female diseases. The disturbances in the circulation, the soreness in the abdominal walls, and the headache, are common to all preparations of iron, and arise from its influence on the bloodvessels.

The "wind dyspepsia" is by no means new to ferrum. Dr. Macfarlan, in proving the water into which the blacksmith frequently thrusts his hot iron, developed the same symptom. Under ferrum, Allen's *Encyclopedia*, vol. iv., may be found such symptoms as: "Distension of epigastric region—region of the stomach and abdomen distended."—"Pressure in the stomach after every meal—distension of abdomen," etc.

The uterine, or more strictly the genital symptoms, are the most important. Ferrum has caused and cured prolapsus : prolapsus vaginæ during pregnancy (Allen); weakly patients, face fiery red (Guernsey). It has also caused leucorrhœa (Allen); even of long pieces of mucus (Guernsey). But no salt of iron, so far as I know, has so unmistakably caused prolapsus, cervical catarrh, and vaginal swelling, as the iodide.

Raue, in his *Pathology*, p. 425, gives indications for its use in retroversion, etc., following, I presume, Dr. H. C. Preston's clinical facts recorded in the *British Journal of Homœopathy*. Allopaths have recommended the iodide on general principles, as an emmenggogue (see *United States Dispensatory*).

If the symptoms of ferrum iodatum, as contained in the above proving, are genuine and characteristic, they should be compared with alumina, alumen, kali bich., bovista, borax, nitric acid, ammon. mur., caulophyll., helonias, hydrastis, graphites, iodine, etc.

Alumina, like iron, is well suited to anæmic and also to chlorotic patients. The leucorrhœa is profuse, flowing even down the limbs, and with it there is a sensation as if everything would fall out of the abdomen.

Alumen, too, is similar; collum uteri is swollen and puffed, vagina swollen and sensitive; prolapsus and induration. Faint weakness at pit of stomach (as the sputum is clear mucus, it may possibly have a similar leucorrhœa).

Kali bich., it is well-known, causes stringy, albuminous leucorrhœa.

Caulophyllum deserves notice as a remedy suited to weak, delicate females. The prolapsus and leucorrhœa are effects of this atony. Leucorrhœa of profuse mucus; uterus prolapsed, with weakness of the legs. Spasmodic, fitful, crampy or sharp pains here and there.

Helonias causes an intense vulval itching, with prolapsus and leucorrhœa. The latter is at times profuse. Patient is anæmic and may have amenorrhœa. In this case the urine is apt to be albuminous, and the sufferer complains of sacral pains and great debility and drowsiness.

Hydrastis is the picture of catarrh of mucous membrane, with marked debility and atony. Leucorrhœa viscid, tenacious and profuse. Prolapsus with ulceration of the cervix. Pruritus vulvæ. An excellent accompanying characteristic is weakness and faintness in the epigastrium, with palpitation of the heart.

Graphites contains iron. Is suited to chlorosis, anæmia, etc. It, however, is readily distinguished by the tendency of the patient to fatness, with herpetic eruptions, and with a leucorrhœa, which, though profuse, is watery.

Iodine, like iron, causes red face, irritability, with bearing

down in the uterus. But the leucorrhœa is very corroding, and emaciation of all parts is the tendency.—*E. A. Farrington, M.D., Phila., Trans. Penn. Hom. Med. Soc.*

—THE SO-CALLED "NOSODES."— * * *

Now, therefore, I claim that the nosode hypothesis is eminently unscientific, *ergo* eminently unhomœopathic, and this first proposition can be shown from the following summary :

1. The remedy is not the disease, but a product.
2. The composition of the agents is not at all uniform, hence there can be no definite knowledge of its action, and, consequently, no reliable pathogenesis.
3. Many contagious diseases protect the individual from subsequent contagion; hence the *idem* can have no effect.
4. Heat, acids and decomposition destroy the vitality of specific germs, thus forbidding their preparation in the ordinary methods.

5. It is not the similar but the *idem*, making it particularly and emphatically unhomœopathic.—*J. G. Gilchrist in the Cinn. Med. Advance.*

—HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.—The regular meetings of this society are held on the second Wednesday evening of each month, in the reception room of the Ophthalmic Hospital, corner Twenty-third street and Third avenue.

Officers, 1881—J. Ralsey White M.D., President, 228 East 124th street; Edmund Carleton, Jr., M.D., Vice President, 58 West 9th street; F. H. Boynton, M.D., Secretary, 151 Lexington avenue; T. Franklin Smith, M.D., Treasurer, 62 East 128th street; Charles Deady, M.D., Librarian, 201 East 23d street.

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BUREAUX, 1881.

To report September 14th.

Obstetrics.—F. J. Nott, M.D., chairman, 522 Madison ave., S. P. Burdick, M.D., R. McMurray, M.D., C. E. Blumenthal, M. D., Chas. E. Campbell, M.D., J. Robie Wood, M.D., Wm. M. Pratt, M.D., H. M. Hitchcock, M.D., P. J. B. Wait, M.D.

To Report October 12th.

To Report November 9th.

Gynecology and Pædology.—Drs. N. A. Mosman, chairman, 6 East 34th street; Geo. E. Belcher, B. F. Joslin, L. L. Danforth, W. O. McDonald, Mary W. Noxon, Mary H. Everett, A. B. Cossart, Walter Y. Cowl, C. H. Moore.

Pædology.—Drs. W. N. Guernsey, Thos. Franklin Smith, St. Clair Smith, Mrs. J. G. Brinkman, M. Deschere, December 14th.—Annual Election of Officers

—**CANCER OF THE OS UTERI.**—Dr. E. H. Gregory—I will report a case that happened to-day. I was consulted in a case of cancer of the os uteri. There was apparently a distinct belt between the morbid growth and the insertion of the vagina, and it was thought a proper case for extirpation. I succeeded in placing the chain of an ecraseur between the insertion of the vagina and the disease, and removed it. Now somebody here may think I am implicating myself in some bad surgery, but I think these cases had just as well be reported. I succeeded in removing the mass, and I thought very properly, but on examination I found that about two-thirds of the vagina was separated from the uterus, and I could put my finger into the abdominal cavity.

Dr. W. Coles (*sotto voce*)—It was not the first time.

Dr. Gregory.—The Doctor says it is not the first time. No, it is the second time. He was present when the same accident happened once before. The point is this: Here is a space into which we can place a chain safely and divide the structures. I am sure the chain was placed in the groove indicated, not above it; simply above or beyond the disease. I don't think it was two lines beyond the disease, and yet this happened. The Doctor says it is not the first time. Perhaps it is well that I should report the other case also. The former case was one in which a tumor was removed. The patient lived a year or two and died of phthisis. In the case to-day I succeeded in stitching the vagina and uterus very satisfactorily, and late this evening the patient seemed to be in a very fair condition. Now, I have performed this operation a number of times. You must not suppose I always open the peritoneum; I have opened it twice, but to-day I am satisfied it was detached two-thirds of the circumference of the uterus. If I had used the scissors, as we ordinarily do, I should have cut away as with the ecraseur. The ecraseur draws the tissue in, and perhaps sacrifices more than the knife and scissors. I suppose that I should have opened the peritoneal sac with the scissors if I had attempted the removal of the tumor with that instrument. So there must be cases in which the vaginal portion of the neck is very short, and where the peritoneum reaches down, close around the lips of the os.—*St Louis Med. and Surg. Jour.*

—**CHIAN TURPENTINE.**—The Medical Committee of the Middlesex Hospital have passed a resolution to the effect that as the result of prolonged and careful trial with chian turpentine in the treatment of cancer, the drug has proved utterly worthless. This conclusion is in harmony with general experience elsewhere.—*Med. Record.*

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JOURNAL OF OBSTETRICS

—AND—

Diseases of Women and Children.

No. 4.

MAY, 1881.

VOL. II.

ORIGINAL COMMUNICATIONS.

EVOLUTION AND INVOLUTION OF THE UTERUS.

BY S. M. CATE, M. D., SALEM, MASS.

The Annual Address before the Massachusetts Surgical and Gynecological Society, December 1, 1880. By the President.

ANATOMY OF THE UTERUS.

“The uterus is described as a pyriform organ, flattened from before backwards, consisting of the body, its rounded fundus, and the cervix which projects into the upper part of the vaginal canal. In the adult female it is deeply situated in the pelvis, being placed between the bladder in front and the rectum behind, its fundus being below the plane of the pelvic brim. It only assumes this position, however, towards the period of puberty; but in the foetus is placed much higher, and lies, indeed, en-

tirely within the cavity of the abdomen. It is maintained in this position partly by being slung by its ligaments, and partly by being supported from below by the pelvic cellular tissue and the fleshy column of the vagina. The result is that the uterus, in the healthy female, is a perfectly movable body, altering its position to suit the condition of the surrounding viscera, especially the bladder and rectum, which are subject to variations of size according to their fulness or emptiness. When, from any cause, as, for example, some peri-uterine inflammation, producing adhesions to the surrounding textures—the mobility of the organ is interfered with, much distress ensues, and if pregnancy supervenes more or less serious consequences may result.” * *

“The anterior surface of the uterus is convex, and is covered in three-fourths of its extent by the peritoneum, which is intimately adherent to it. Below the reflexion of that membrane it is loosely connected by cellular tissue to the bladder, so that any downward displacement of the uterus drags the bladder along with it. The posterior surface is also convex, but more distinctly so than the anterior, as may be observed by looking at a transverse section of the organ. It is also covered by peritoneum, the reflexion of which on the rectum forms the cavity known as Douglas’ pouch. The fundus is the upper extremity of the uterus, lying above the points of entry of the Fallopian tubes. It is only slightly rounded in the virgin, but more decidedly and permanently rounded in the woman who has borne children.” * *

“*Regional Divisions.*—For the purpose of description the uterus is conveniently divided into the *fundus* with its rounded upper extremity, situated between the insertion of the Fallopian tubes; the *body*, which is bounded above by the insertion of the Fallopian tubes, and below by the upper extremity of the cervix, and which is the part chiefly concerned in the re-

ception and growth of the ovum; and the *cervix*, which projects into the vagina, and dilates during labor to give passage to the child." * * "Changes after childbirth. In women who have borne children these parts become considerably altered. The cervix is no longer conical, but irregular in form and shortened. The lips of the os uteri become fissured and lobulated on account of partial lacerations which have occurred during labor. The os is larger and more irregular in outline, and is sometimes sufficiently patulous to admit the tip of the finger. In old age the cervix atrophies, and after the change of life, it not uncommonly entirely disappears, so that the orifice of the os is on a level with the roof of the vagina." * * "The uterus is composed of three principle structures—the peritoneal, muscular and mucous coats. The peritoneum forms an investment to the greater part of the organ, extending in front to the level of the os internum, and behind to the top of the vagina, from which points it is reflected upward on the bladder and rectum respectively. At the sides the peritoneal investment is not so extensive, for a little below the level of the Fallopian tubes the peritoneal folds separate from each other, forming the broad ligaments." * *

"*Vessels of the Uterus.*—The arteries of the uterus are derived from the internal iliac and from the ovarian. They enter the uterus between the folds of the broad ligaments" (and, we will add, enter mostly at the cervix). "They end in minute capillaries, which form the fine meshes surrounding the glands, and in the cervix give off the loops entering the papilla. Beneath the uterine mucous membrane the capillaries form a plexus terminating in veins without valves, which unite with each other to form the large veins traversing the substance of the uterus, known during pregnancy as uterine sinuses, the walls of which are closely adherent to the uterine tissues. These veins, freely anastomosing with

each other, pass out towards the broad ligaments, where they unite to form with the ovarian and vaginal veins, a large and well developed venous net work, known as the pampiniform plexus.

Lymphatics of the Uterus.—According to Leopold, “They originate in the lymph spaces between the fine bundles of connective tissue, forming the base of the mucous lining of the uterus. Here they are in intimate contact with the utricular glands, and the ultimate ramifications of the uterine blood vessels. As they pass into the muscular tissue they gradually become narrowed into lymph vessels and spaces, which have a very complicated arrangement, and which eventually unite together in the external muscular layer, especially on the sides of the uterus, to form large canals which probably have valves.”

Nerves of the Uterus.—“The uterine nerves are derived mainly from the ovarian and hypogastric plexus, inosculating freely with each other between the folds of the broad ligaments, from which they enter the muscular tissue of the uterus, generally but not invariably following the course of the arteries. They are chiefly derived from the sympathetic; but, as the hypogastric plexus is connected with the sacral nerves, it is probable that some of the fibres from the cerebro-spinal system are distributed to the cervix. * * Polle describes a nerve filament as entering the papilla of the cervical mucous membrane along with the capillary loop, and Frankenhauser says the nerve fibres surround the muscles of the uterus in the form of a plexus and terminate in the nuclei of the muscle cells.”

Arrangement of the Muscular Fibres.—“On examining the uterine tissues in an unimpregnated condition no definite arrangement of its muscular fibres can be made out, and the whole seems blended in inextricable confusion. By observations of their relations when

hypertrophied during pregnancy, Hélié has shown that they may, speaking roughly, be divided into three layers: an external, a middle, chiefly longitudinal; and an internal, chiefly circular. * * He describes the external layer as arising posteriorly at the junction of the body and cervix and spreading upwards and over the fundus. From this are derived the muscular fibres found in the broad and round ligaments, and more particularly described by Rouget. The middle layer is made up of strong fasciculi which run upwards, but decussate and unite with each other in a remarkable manner, so that those which are at first superficial become most deeply seated, and *vice versa*. The muscular fasciculi which form this coat curve in a circular manner around the large veins so as to form a species of muscular canal through which they run. This arrangement is of peculiar importance, as it affords a satisfactory explanation of the mechanism by which hemorrhage after delivery is prevented. The internal layer is mainly composed of circular rings of muscular fibres, beginning round the opening of the Fallopian tubes and forming wider and wider circles, which eventually touch and interlace with each other. They surround the internal os, to which they form a kind of sphincter. In addition to these circular fibres on the internal surface, both anteriorly and posteriorly, there is a well marked triangular layer of longitudinal fibres, the base being above and the apex below, which send muscular fasciculi into the mucous membrane.*

“The muscular tissue forms the chief bulk of the substance of the uterus. In the unimpregnated state, it is dense, firm, of a greyish color, and cuts almost like cartilage. It is thick opposite the middle of the body and fundus, and thin at the orifices of the Fallopian tubes. It consists of bundles of unstriped muscular fibres, disposed

* Science and Practice of Midwifery, by W. S. Playfair, M.D., etc., Philadelphia. H. C. Lea, 1880.

in layers, interrupted with areolar tissue, blood-vessels, lymphatic vessels and nerves. In the impregnated state, the muscular tissue becomes more prominently developed, and is disposed in three layers, external, middle and internal."

"The external layer is placed beneath the peritoneum, disposed as a thin plane on the anterior and posterior surfaces. It consists of fibres which pass transversely across the fundus, and, converging at each superior angle of the uterus, are continued on the Fallopian tubes, the round ligament and ligament of the ovary; some passing at each side into the broad ligaments, and some running backward from the cervix into the recto-uterine ligaments." "The middle layer of fibres presents no regularity in its arrangement, being disposed longitudinally, obliquely and transversely."

"The internal or deep layer consists of circular fibres arranged in the form of two hollow cones, the apices of which surround the orifices of the Fallopian tubes, their bases intermingling with one another on the middle of the body of the uterus.*

Dr. Heitzmann, in his work on Anatomy† [vol. ii., p. 239] gives a representation of the injected gravid uterus, in which it is shown that the arteries enter and veins leave the uterus low down on its neck, or at and just above the insertion of the uterus into the vagina.

Some forty years ago the growth and development of the gravid uterus and its shrinkage back into its normal size during the period of involution was regarded as one of the marvels of nature. At that time these two processes were deemed to be beyond explanation. But by

* Anatomy, Descriptive and Surgical, by Henry Gray, F. R.S. Henry C. Lea.

† Descriptive and Topographical Anatomie des Menschen. Wilhelm Braumüller Wien. 1875.

the light of more recent researches most of the steps of these two processes can be traced and understood.

It is now well known that ovarian cysts and other tumors in the abdominal cavity often become adherent to the peritoneal surface of some of the abdominal organs, or of the abdominal walls, and from the adherent part new points of communication become opened between the tumor and general circulation of the body through the enlargement of the capillary arteries at the points of adhesion, and the establishment of a connection into the enlarged capillary arteries of the tumor, so that with each beat of the heart arterial blood goes from the heart through these attachments and openings into the tumor; and at the same time there is an enlargement of the capillary veins at their points of attachments, corresponding to the enlargement of the uterus, with open communication with the veins of the body, so that a part of the venous blood from the tumor returns from the tumor to the heart through such connections; and in this way these tumors often receive considerable of their nourishment and remove a portion of their waste.

It is further known that the fecundated ovum at times fails to reach the uterus, but falls into the peritoneal cavity and fastens upon some portion of it, and it may be some dependent portion like Douglas' sac, and commences to develop there; and may go on for several months in this situation before the bursting of the membranes or the death of the foetus. In such cases the placenta becomes attached to the serous surface of the peritoneal cavity, and receives its nourishment through it from the enlargement of the capillary vessels, which ensues upon that portion of the peritoneal surface upon which it is attached. Here the peritoneal tissue takes on many of the processes of growth and development peculiar to the gravid uterus, and imitates many things done in it during fecundation and foetal development, so that the

law of growth and development of tissue is not confined to the uterus alone, but has some general features common to many organs and tissues.

Further, the structure of the uterus is such that when any force dilates it, acting from within, and especially if the force is applied to the cervix or at the junction of the cervix and body, there is produced at once an enlargement of its vessels, both arterial and venous, and an increased nutrition and development of tissue. This is noticed in the growth of fibroids within the uterine cavity, for with such a development of these growths, there is always a corresponding development of the uterine walls. When the uterine walls are kept thickened and enlarged by such growths, the bloodvessels being thereby kept in a more open state upon its internal surface, pour out unusual quantities of blood, and especially at the time of its monthly congestion.

It is also to be observed that this enlargement and thickening of the tissues of the uterus can be produced somewhat at will as many have seen by the dilatation of the uterus for the purpose of performing some surgical operations such as the removal of fibroids or other growths. In such cases the cervix of the uterus will sometimes be increased in length and thickness to a most astonishing extent in twenty-four or forty-eight hours by the distention produced by the sponge tents used in dilating it. In some cases in which the uterus has a long and rather fleshy neck this becomes a great hindrance to surgical interference. Enlargements of the uterus produced in this way, pass away in a few days after the interference ceases.

Now though there is an analogy in the various phenomena named, still the evolution and involution of the uterus includes and manifests some phenomena not belonging to the others. Thus the *modus operandi* of the circulation between the placenta and the uterus differs

from that between the heart and a fibroid or other tumor. Though the exact method of this circulation is in dispute, it is generally admitted that the circulation between the fœtus and mother is not continuous, but by means of sinuses and the absorption or entrance of the blood into the placenta without a continuation and direct connection of the maternal arteries with the placental life. But be this as it may, the fœtal development is attended with a development of all the tissues of the uterus, muscular, arterial, venous, lymphatic and nervous, but the enlarged blood-vessels are a conspicuous factor. With the expulsion of the fœtus and secundines comes a muscular contraction which at once closes the vast network of open vessels and thus prevents sudden and fatal hemorrhage. The mechanism of this process can be understood when we call to mind the arrangement of the different muscular coats and fibres of the uterus. The external muscular coat is of longitudinal fibres, beginning on the posterior wall at the junction of the cervix, and extended up over the fundus. The contraction of these fibres produces a shortening of the body of the uterus, and a more globular form of the organ. "The middle muscular coat is made up of strong fasciculi which run upwards, but decussate and unite with each other in a remarkable manner, so that those which are at first superficial become deep-seated and *vice versa*." The first effect of the contraction of these fibres is to close a large number of large veins, which run in the grooves formed by these decussating muscular fibres. The enlarged arteries are also compressed at the same time and the work of retrogression in the uterus commences. If the contraction of the muscular fibres is co-ordinate in all their parts the work proceeds harmoniously, and the uterine contractions produce a pretty uniform hard globular mass. But in case the contraction of the internal or circular fibres is vigorous, and if

the middle and external layer only moderately, so the contractions produce a cylindrical instead of a globular body, which, though it may have considerable firmness in the cylindrical form, fails to close the blood-vessels, and if this condition is marked, the hemorrhage may be violent.

And again when the contractions are uniform, the mass of muscular structure is in a large measure robbed of the nutrition usually supplied by fresh blood and fatty degeneration of the muscular tissue commences, and as this process is completed, absorption of the fatty residue of this change soon follows, thus accomplishing the removal of the superfluous muscular tissue from the uterus. When this process is successful and complete it is largely accomplished in from forty to sixty days. When less complete it may linger and the uterus remain enlarged for eighty or a hundred days; or the enlargement may seem permanent, a condition known as subinvolution. Further, the contraction of the muscular fibres may be firm and uniform in most parts of the uterus, but fail in some local branches, and then there may be a thorough involution, except some parts of the uterus may retain some of its extra muscular structure, causing a nodulated or uneven form of the organ.

During the period of the formation of the ovum the uterus is stimulated by the monthly congestion accompanying menstruation, which for a portion of the month increases the amount of blood circulating through it, by which the general nutrition and volume of the organ is kept in a condition fit for the reception and nutrition of the ovum. When the ovum ceases to be formed with the female, and the monthly congestions cease to recur, the constrictive force of the muscular fibres of the uterus is constantly applied, and the result is that a considerable portion of the muscular fibre goes through the process of fatty degeneration and absorption, so that thereafter

it is much smaller in volume and is known as the uterus of old age. Under some conditions, in which this constriction fails to do its work, this process is delayed, and the uterus retains the size common to childbearing for a considerable time after the ovum has ceased to be formed, during which the woman suffers with a variety of ailments common to "the change of life." It is true that there are many disturbances attending the climacteric period when the uterine atrophy goes on in an orderly way, but we here speak of the disturbances which are not physiological.

In the unimpregnated state the uterus seems largely made up of fibre of so fine a texture that the anatomist finds it difficult to unravel or follow it. We may well consider it largely made up of capillary fibre, which is capable of rapid enlargement and growth. The rapid enlargement of capillary vessels known as anastomosis which follows the tying of an artery is well known. But in the gravid uterus this is more apparent and extensive, for here all parts conspire to the same end. As, when the enlargement commences, each opening artery acts as a wedge upon its neighbor, to dilate and enlarge its coats, and each new flow of blood from the heart provides the material with which to build new muscular fibre, lymphatic and nerve tissue.

But the question comes, how is this knowledge to be made of any practical value to us? If we cannot use it, of what avail is it to us in a professional way? At first sight it may seem but idle speculation, but a more close scrutiny may disclose its use. As shown before, the contraction of the outer coats of the uterus tends to shorten the organ and make it globular. The contraction of the middle coat tends to contract its length, and also to make it more globular, and at the same time to constrict the blood vessels which pass through it, and the contraction of the internal or circular fibres to bring on a columnar

form of the organ. Now if we can learn the specific relation of drugs to these three coats we acquire means which will be very important in controlling many uterine disturbances. This knowledge cannot all come from the provings of medicines upon the healthy, because it is difficult to push the action of medicine in such cases so as to evolve such phenomena without doing violence to the subject of the experiment. The gravid uterus gives promise of more fruitful results; for here the different muscular coats of the uterus are more fully separated from each other, and much more fully developed. But in the gravid uterus severe drugging is not admissible from the danger of producing abortion, but in the uterus after child-birth something can be learned.

Pulsatilla, we think, has the power to produce contraction of the middle layer of muscular fibres of the uterus, in proof of which the following facts are cited:

In 1875 we attended Mrs. J. in her first confinement. The labor was normal, of about six hours duration, and the infant weighed about nine pounds. The placenta was delivered with no unusual difficulty, and there was every appearance of a birth without accident. Soon after the delivery of the placenta our attention was called to considerable flooding. Some clots were turned out of the uterus, and compression of the organ made, when it was found to be cylindrical in form instead of globular, and twice as long as is usual in such cases. The flooding increased in spite of our best efforts, such as compression of the uterus through the abdominal walls, the application of ice to the lower part of the abdomen, and the exhibition of *crocus sativa* and afterwards *secale* in solution. Dr. Wm. B. Chamberlain, who was my guest at that time, kindly consented to assist me, and with his help an inductive current of electricity was passed through the uterus, the positive electrode being placed on the sacrum and the negative on the abdominal walls

over the uterus. At the same time the application of ice to the abdomen was continued, and secale having failed, sabina was given. During all this time the flowing had kept on till the patient began to show alarming symptoms. These means had all failed, and the uterus had all the while the cylindrical form above described. Pulsatilla was now given in the second decimal dilution, in solution, and within five minutes the uterus began to assume a globular form, and under repeated doses of this medicine it contracted firmly, the hemorrhage ceased and all alarming symptoms gradually passed away. The woman made a good recovery thereafter, without accident.

If this single observation should be corroborated, and it become settled that pulsatilla can be relied upon to produce contractions of the middle layer of muscular fibres of the uterus, we can utilize such knowledge, not only in cases of post-parturient hemorrhage where the uterus assumes the cylindrical form, but also think of its applicability to the relaxation of these fibres in those cases of longitudinal hypertrophy of the uterus where it attains a length of five, six or seven inches, without much increase in circumference. It must not be understood here that pulsatilla is put forward as the proper remedy in all cases of post-parturient hemorrhage. Such hemorrhage may originate in either one of several different ways, and in some cases can be stayed only after a careful inspection of the organs and parts, for it may be found to proceed from a partly ruptured blood-vessel in the labia or vagina. According to its origin and nature it must be met and removed. We usually find the more moderate hemorrhages following childbirth fully controlled with crocus sativa (four or five drops of the tincture to half a tumbler of water), a solution of which we are accustomed to leave to be used if needed, and it rarely fails to produce the desired effect.

Of the *modus operandi* of crocus we are not sure, though the theory may be correct that it produces contractions of the middle layer of the muscular fibre at the junction of the cervix with the body of the uterus, but fails to produce a contraction of this layer of muscular fibre as a whole, as it did in the case cited.

Secale cornutum has long had a reputation for producing firm, and often violent contractions of the muscular fibres of the uterus. But there is great want of certainty in its action. Sometimes it will produce most violent and uncontrollable contractions when administered during the progress of labor, and at other times it altogether fails to increase the contractions, and it not infrequently altogether arrests the progress of the labor. So, also, when given for the arrest of menorrhagia or metorrhagia, it more often fails than succeeds in curing these difficulties. I know of no observations that have been made tending clearly to show the exact sphere of the action of secale on the uterine fibres; but there is reason to conclude that it is most upon the outer layer, and that this action is sometimes communicated to the middle layer as a secondary effect. If the primary action of this remedy was upon the middle coat it would be much more sure in arresting hemorrhage from the uterus, and also much more uniform in producing uterine contractions, as the middle muscular coat of the uterus is much thicker, more powerful and more controlling in its action than the outer coat; but spending its force upon the outer coat, it often fails to reach or act upon the middle one, and hence often disappoints those who use it.

The process of involution which usually goes on after childbirth till the uterus is reduced to its normal size, is sometimes arrested, leaving it considerably larger than normal, a condition known as sub-involution. In these cases the muscular contractions have failed to cut off the circulation from the uterus, when the involution had

reached a given point, so that thereafter a superfluous portion of muscular fibre remains. When this condition obtains, many homœopathic observers have noticed that the exhibition of *calcareo carb.* or *caulophyllum* often helped to take up and complete the process. In such cases there is little doubt these remedies act upon the middle coat of uterine fibres, causing a greater firmness of contraction which impinges upon and closes the superfluous vessels and then the fatty degeneration follows, resulting in a perfect cure. It is also probable that the contractions produced by these remedies are more in the cervix, near or a little above the junction of it with the vagina, as here the principal ingress and egress of the blood vessels of the uterus is to be found.

Other remedies, no doubt, have relations to these parts, and a wider observation and arrangement of facts will help to a proper classification of them. Clinical observation attributes a similar power to *lachesis*, but its use is mostly confined to the climacteric period. Many troubles at this period in woman's life are thought to arise from a congested uterine state, and failure to complete the metamorphosis of old age. After the action of this remedy many have observed that the climacteric changes often go on to a successful termination; and we may well suppose that *lachesis* produces contraction of the muscular fibre of the uterus at this period of woman's life, quite similar in kind to those produced by *calcareo carb.* or *caulophyllum* in cases of sub-involution of the same organ.

The presentation of this subject for consideration at the present time is with the hope of showing that if we conduct our medical investigations with the best attainable anatomical knowledge of the parts involved before us, as the foundation upon which to stand a careful collection and classification of facts, will enable us to go behind the dead anatomy, and in some measure clothe the parts

with life; and thus the clinical results will not only claim a relation to the work accomplished on an anatomical basis, but in turn help, in some measure, to unravel the skein of life.

FIBROUS DEGENERATION OF THE PLACENTA.

BY P. H. MASON, M.D., PEEKSKILL, N. Y.

On the night of December 6th, 1879, I was called to attend Mrs. B. in confinement. The patient, a primipara, had been in labor three hours, and had completed the first stage. With each contraction of the uterus she complained of an exceedingly tender and painful spot, as large as the palm of one's hand, on the right side of the abdomen. Six months previous she had injured herself here, by striking violently the edge of a table, and since when it had been very sore.

Parturition progressed slowly but naturally, and terminated favorably, as far as the child was concerned, at 7:30 A.M. on the 7th.

After waiting my usual length of time—about fifteen minutes—for the placenta to come away, and, on examination, not finding it within reach, but quite a hemorrhage occurring, I decided at once to interfere. Abdominal pressure failing to start it, I placed my left hand over the fundus and passed the right into the cavity of the uterus, to find but two-thirds of the after-birth detached. I proceeded to loosen the remaining portion, but found it no easy matter, in fact, after repeated failures to extract the whole, with my hand still inside the womb to insure contraction, I ordered a teaspoonful of the fluid extract of ergot to be given internally, and tore away and delivered the loosened portion. After waiting a few minutes, hemorrhage having nearly ceased, I again passed

my hand through the os, this time with a little difficulty, and endeavored to make a careful and hurried examination of the adherent part.

I found a smooth, flat surface, nearly circular, a finger's length in diameter, projecting slightly from the wall of the uterus to the right side near the fundus; but no crevice existing between it and the internal surface of the womb, where by any manner of means I could insert my fingers or even my finger nails for the purpose of detaching it. To the sense of touch it differed from that which the foetal surface of a normal placenta usually presents, in that it was devoid of those lines which branch out from the root of the umbilical cord; although the cord was located in the delivered portion close to the ruptured edge.

On withdrawing the hand the uterus contracted nicely and around the retained part of the placenta.

Aware of the danger attending a retained placenta, or any portion thereof, it was a question in my mind whether I should make any further attempt mechanically. I resolved, however, to wait. Externally, the tumor could be distinctly felt on the right side, occupying the exact locality where the injury had been sustained, and where the keenest pain had been felt during labor.

I ordered an occasional dose of brandy and water and six drops of the fluid extract of ergot every two hours.

With instructions to immediately inform me of the recurrence of any hemorrhage or pain assimilating labor, I left to attend to other business.

Fifteen hours later I again saw the patient. She had had two or three severe pains just before I arrived. An external examination showed the tumor to have disappeared, and on pressure nought but a properly contracted uterus, in its usual place, could be discovered. In the vagina I found, to my great satisfaction, the cause of all the trouble.

It consisted of nearly a circular mass of white, dense, fibrinous tissue, three inches in diameter and one and a half inches in thickness at the center, gradually thinning to the edge, excepting to that from which the normal portion of the placenta was torn. Apparently it contained no blood-vessels unless those whose development had been arrested at an early stage. The patient made a slow but good recovery.

When a case occurs, the details of which differ so materially from those usually presented, we instinctively look for a cause for the deviation. Upon consultation with the authorities, we find laid down four reasons for the retention of the placenta at term: viz., 1. Excessive volume of the placenta. 2. Uterine atony, local or general. 3. Irregular contractions of the uterus. 4. Morbid adhesions of the placenta.

The first we can immediately lay aside as the after-birth was not abnormally large. At no time during labor or afterward was there any deficiency of tone whatever, as the uterus, particularly after the administration of the ergot, and the introduction of my hand into its cavity contracted quite forcibly, which contractions were not at all inclined to be of the hour glass character. We are therefore left with the last cause for the retention, and which was undoubtedly true—morbid adhesion of a morbid growth.

A step farther, if you please, and let us try and understand—Why the morbid growth?

This degeneration, where it appears not in connection with fatty deposits, is “in form of grayish or whitish masses which are always less red and moist than the rest of the placenta, and of a tissue which is hard, compact, friable and but slightly stringy”. The lesion is characterized by the obliteration of the placental villi precisely similar to the atrophy which invades the villi of the chorion after the formation of the placenta.”—*Cazeaux*.

In the normal anatomy of the placenta, we know that the decidua serotina is mainly a connective tissue product, and largely composed of cells. Whittaker has claimed that this structure is insusceptible to the inflammatory process by reason of the entire absence of capillaries. But the necessity of this is not apparent. So closely does the decidua lie in its relations to the mucous or muscular walls of the uterus, that any inflammatory action occurring in either of the latter may readily extend to the former, and produce a degeneration of great strength and tenacity.

To the writer's mind this is the secret cause of the difficulty in the foregoing case. The injury occurring, as it did, six months previous to labor, produced just sufficient inflammation to circumscribe and degenerate into fibrous tissue, a portion, and only a portion of the placenta; this not materially interfering with the growth and development of the foetus, but becoming more firmly attached to the walls of the uterus as gestation advanced.

The rapidity with which this degeneration takes place after an injury of this character may be illustrated by a case that quite recently happened in my practice, that of an abortion at three months. When two months pregnant, patient was kicked severely in the lower part of the abdomen, and the tenderness complained of as located directly posterior to the bladder had not disappeared, when at the completion of the third month a slight hemorrhage occurred from the uterus, a few pains and the foetus passed the vulva, shrunken and shrivelled in appearance. I might say a three-months atrophied to the size of an eight-week's foetus, evidently a case of mal-nutrition. Quite a profuse flooding caused me to immediately attempt the removal of the placenta. To do this it actually required *three days*. At no one time was I able to get away a piece larger than a white walnut, and it was only by continued reattacks with the placental

forceps and my fingers, that I was finally enabled to completely evacuate the cavity of the uterus. Very little hemorrhage took place after the first, but I was incited to renewed efforts to extract the placenta, fearing the consequences of septicæmia. A careful examination of the small portions of the after-birth revealed conclusively to my mind that, "Fibroid Degeneration" had resulted from the injury, caused the death of the foetus and also close adherence of the placenta.

Undoubtedly there are other causes for this abnormal course of development in the placenta. Syphilis is held responsible for this as well as other forms of degeneration. Mechanical irritation, as from long continued pressure between some resisting part of the foetus and the abdominal walls, and possibly others. But in the foregoing two cases, I am of the opinion, that the deviation was occasioned by the injuries which occurred during the early months of pregnancy.

It is well then for us to be on our guard when the history of a patient should develop any such fact, or the tenderness of the abdomen be confined to a circumscribed location.

ENDOMETRITIS.

BY H. R. BENNETT, M.D., FITCHBURG, MASS.

Read before the Mass. Surgical and Gynæcological Society, Dec. 1. 1880.

The term endometritis is used to designate an inflammation of the endometrium.

It is not my purpose to give you a lengthy essay upon this important and frequently occurring disease, but will endeavor to portray its most frequent causes, symptoms and submit to your consideration and criticism what appears to me to be the most successful and scientific method of treatment.

Endometritis is almost invariably a disease of married women. This point is conceded by most gynæcologists, therefore it usually depends on, or has some connection with, marital rights, or the process of parturition. Lanson Tait, of Birmingham, says that acute endometritis is nearly always a result of gonorrhœal infection. I have no doubt that gonorrhœa may, and occasionally does, cause an attack of endometritis, but my experience and extensive observation lead me to believe that such cases are few and far between.

Most authorities attribute an attack of acute or chronic endometritis to be the result of cold, criminal abortion, means to prevent conception, such as incompleteness of the sexual act or vaginal injections of acrid fluids to kill the spermatozoa, flexions of the uterus, which cause the retention of normal fluids in its cavity, and a stasis of blood in the uterine veins and capillaries, sub-involution and laceration of the cervix during parturition. The last two forming over three-fourths of all cases. In cases where sub-involution is the cause, we usually have corporal metritis as an accompaniment. The symptoms of endometritis are subjective and objective, but, the subjective symptoms being so multitudinous in number, and simulating nearly every organic and functional disease enumerated in our medical nomenclature as to be untrustworthy guides in treatment. The objective symptoms are enlargement and tenderness of the uterus upon bimanual examination, the speculum reveals erosion of the os uteri, often mistaken for ulceration, the cervix patulous, a yellow muco-purulent leucorrhœa is found discharging from the cervix, or a thick gelatinous excretion transparent or of a brown color, often intermixed with blood difficult to remove, is seen hanging from the external os uteri. The introduction of the sound causes severe pain in many cases, and upon its withdrawal a hemorrhage, more or less copious, is apt to follow. In

many cases there will be seen in the cavity of the cervix shreds and pieces of membrane, which, upon examination, prove to be the endometrium partially degenerated. The latter condition gives rise to what is called membranous dysmenorrhœa during menstruation. In inveterate cases this leucorrhœa, when accompanied with portions of the endometrium in a degenerated state, will be very offensive, making the patient a repulsive member of society, necessitating her to the frequent use of deodorizing vaginal injections.

The treatment of endometritis consists in the administration of such remedies that will build up the general health, and intra-uterine medication. In the acute form rest in bed, aided by the use of aconite, veratum vir., belladonna, mercurius, pulsatilla, sepia, secale, tartar emetic, ustilago, etc., will be followed by speedy relief and cure. Intra-uterine medication by means of suppositories of belladonna, opium, etc., will bring great relief of the pain and expedite the cure.

We must be very careful in our diagnosis not to mistake a case of acute endometritis for the chronic form, for if the treatment recommended for the chronic form be used in the acute, we shall increase the sufferings of our patient and greatly retard the cure. I know this to be true from experience. If the endometritis is caused by fraudulent sexual intercourse, we must not expect a cure until this sin against nature can be overcome.

Likewise in criminal abortion, unless this nefarious practice be abandoned, our efforts to perform a permanent cure will be followed by negative results. In cases complicated with corporal metritis from subinvolution, we must resort to depletion by puncturing the cervix, the introduction into the vagina of cotton tampons saturated with Price's pure glycerine, hot vaginal injections, and the introduction into the cavity of the uterus (after all acute symptoms have subsided) of such agents as will

cause contraction, such as crayons of silver nitrate, zinc sulphate or ergotine. If dependent upon laceration of the cervix and eversion is the result nothing but a surgical operation will promise a permanent cure. Let us now for a moment consider the method of treatment adopted by our most prominent gynæcologists' in chronic endometritis. Our homœopathic literature is very meagre upon this point. Ludlam mentions the use of glycerine medicated with calendula, hydrastis, etc., applied to the cervical canal by means of the applicator. Hale recommends as his favorite method the introduction of Arend's gelatine intra-uterine suppositories, each containing carbolic acid one grain, or muriate of hydrastia two grains, or iodoform two to five grains, or solidified copaiva two grains. Barnes recommends solid nitrate of silver, sulphate of zinc, tincture of iodine, carbolic acid, etc., applied in the form of an ointment, or the liquid carried by means of swabs into the cavity of the uterus. Schroeder highly extols nitrate of silver and carbolic acid, the former in the form of crayons and the latter by means of the end of the sound being wrapped with cotton, saturated with the acid, and carried into the cavity of the uterus. Emmet uses the curette of Thomas and the free application of Churchill's tincture of iodine to the whole interior of the uterus. Lawson Tait and Sir James Simpson use solid rods of exsiccated nitrate of silver and sulphate of zinc. Battey, of Rome, Ga., uses almost exclusively iodized-phenol carried into the cavity of the uterus by means of flexible probes wrapped with cotton and saturated with the material. He makes two and sometimes three applications at a treatment. J. Marion Sims uses the curette and Paquelin's cautery. Fordyce Barker uses, after first dilating the cervical canal, injections of Churchill's tincture of iodine, hamamelis, etc. In the membranous form he uses cones of iodoform. Thomas

has abandoned the use of intra-uterine injections and medications except in a few rare cases. He believes that all cases are due to vegetations upon the endometrium, and his remedy almost invariably is the curette. He considers this method of treatment as always safe and effectual. All the foregoing physicians recommend constitutional remedies, tonics, change of climate and sea voyages as valuable auxiliaries in promoting a cure. In relating my own method of treating chronic endometritis, I will state that I have employed nearly all of the different methods enumerated above with varying success. I am inclined to the opinion of Thomas, that many if not most of such cases are dependent upon vegetations of the endometrium, and the use of the curette, followed by the application of iodized phenol to the interior of the uterus, has in my hands answered every purpose and désiré. There are several ways of applying the iodized phenol, but Battey's method, or the use of intra-uterine suppositories, each containing one half of a grain of iodine and two grains of carbolic acid is the method I employ. These suppositories are manufactured by C. L. Mitchell, M.D.; corner of Ninth and Race streets, Philadelphia. I will now relate two cases from practice illustrating my method of treatment and the results following. Since adopting this method of treatment I have not failed to cure every case coming under my care.

CASE I.—Mrs. G., aged 32, married, mother of two children, dates her sickness from birth of last child, although in is my opinion it is the result of a criminal abortion and means used to prevent conception. It will be unnecessary for me to mention all the symptoms in her case, but will simply state that after a careful examination I diagnosed it to be a case of desquamative endometritis. She suffered from membranous dysmenorrhœa, which caused great pain every month and frequent attacks of paroxysms of hystero-epileptiform convulsions. The treatment

consisted in the internal administration of belladonna, pulsatilla, sepia, etc., and the use of intra-uterine suppositories of nitrate of silver, sulphate of copper, sulphate zinc, iodoform or the iodized-phenol, by means of a swab on a flexible rubber probe. This treatment was followed by immediate relief, and a cure from some eight to ten treatments during the inter-menstrual periods.

CASE II.—Mrs. S., aged 35, married, mother of one child now seven years old, dates her illness from the time she gave birth to this child. She complained of all the usual symptoms of chronic endometritis, accompanied with a profuse leucorrhœa which was horribly offensive. Upon examination I found the uterus very much enlarged and tender, os patulous, cervical canal pouring out a stinking, corroding discharge, cervix slightly lacerated upon the left side, but no eversion, vaginal portion of uterus swollen, of a dark red color. Diagnosis, corporal metritis and endometritis, with subinvolution, caused by the lacerated cervix during childbirth. This case had been treated by the late Dr. Clark, of Worcester, and a prominent homœopathic physician of the same city, without even temporary benefit. Both of these physicians dismissed her as incurable. I commenced treating this case on the tenth day of last July by administering drop doses of the first decimal solution of belladonna and Squibbs' fluid extract of ergot. I used Thomas' curette, thereby removing a large amount of *debris*, after which I swabbed the cavity of the uterus with iodized-phenol. The last few treatments I used intra-uterine suppositories of iodoform. In this case I made fourteen treatments at intervals of from five to seven days during the inter-menstrual periods, and a perfect cure was the result. A more grateful patient I never treated. One of the best tonics to build up a broken-down constitution from a long standing chronic endometritis is Liebig cocoa beef tonic.

DISPLACEMENT OF THE OVARIES.

BY L. A. PHILLIPS, M.D., BOSTON, MASS.

Read before the Mass. Surg. and Gynæcological Soc., Dec. 1, 1890.

This is one of the subjects which gynæcological writers have almost entirely and unanimously ignored, as if the accident was of such rare occurrence, or of so little consequence, as to call for nothing more than a mere mention, though some of them have admitted that it was because there was so little that could be done in the way of treatment.

Thomas, Hodges, Bedford, Goodell, Byford and Chapman refer to it only as a possible result of increased weight of the ovary, without a word relative to treatment. Barnes does a little more, while other authors make no mention of it whatever.

Having a case some few months ago which gave me considerable trouble, I had occasion to realize the weakness of these reeds upon which we expect to lean in times of perplexity.

Being unable to find anything of much practical value in my books. I had to be guided solely by common sense and my own ingenuity, which fortunately brought me through to a successful issue. Since that time the subject has been carefully and thoroughly discussed by Dr. Paul F. Munde, in a paper read before the Am. Gynæcological Society, and since published in the 4th vol. of transactions; also, by Dr. E. M. Hale, in a paper read before the Illinois State Hom. Med. Society, and published in the August number of the HOM. JOURNAL OF OBSTETRICS AND DISEASES OF WOMEN, and in future the subject will doubtless receive the attention it merits.

Displacement of the ovaries has been considered a rare occurrence, but the recent writers on the subject claim, and my own observation leads me to feel sure that this condition often exists unrecognized.

There are two distinct classes of displacements, calling for entirely different treatment; the one intra-pelvic or prolapse, the other extra-pelvic or inguinal. The former of quite common, the latter of comparatively rare occurrence. I shall be obliged, in this paper, to limit myself to the first of these conditions alone.

Prolapse or intra-pelvic displacement of the ovary seldom occurs independently, but is generally associated with uterine retroversion or flexion, or with inflammation and enlargement of the ovary itself.

Still I have found in some cases no such antecedent or concomitant condition, and I have no doubt that in still others the inflammation and enlargement were the result of the malposition, not its cause.

I am confident that the displaced ovary has often remained undiscovered, because of hasty, insufficient or careless examination. If a uterine retroflexion, for instance, be discovered, all complaints are immediately referred to that as their cause, and nothing further or more is sought for; and while, in replacing that organ, the ovary may be unwittingly replaced as well, on the other hand, and much more likely, it may be left in a position when it is compressed between the uterus or the pelvic wall or rectum, or between one of these and the pessary, which may quite likely be introduced to support the womb, in which case the expected relief of suffering is not obtained. I have more than once found this to be the reason why a pessary could not be tolerated by women who had need of uterine support. This simply furnishes an illustration of the evils of hastily jumping at conclusions, and of the necessity for careful exhaustive examinations.

To the careful examiner, the diagnosis of a prolapsed ovary is not often very difficult. It will generally be readily discovered as a small yielding, movable tumor in Douglas *cul de sac*, often, though not always exquisitely

sensitive to pressure, which causes more or less nausea and faintness, and, in some instances, vomiting and severe continuous pain in the ovary.

Fæcal masses or scybalæ in the rectum, which, to the touch alone, might seem very similar, are, of course, without much sensitiveness, and under pressure are not likely to give rise to the above-mentioned reflex symptoms. And, moreover, the flattening or other change of form caused by pressure is retained by the fæcal mass, but not by the ovary.

The conditions most commonly causing or favoring a dislocation of the ovaries are, 1st, displacements, especially retro-flexion of the uterus; 2d, sudden concussions; 3d, relaxation of the uterine ligaments, and 4th, enlargement and inflammation of the ovaries themselves.

Behind and antecedent to these, improper or unsatisfactory sexual relations, or masturbation, may often be discovered as the primary or predisposing causes, and, furthermore, it will be observed that lean, lymphatic, lax-fibred women are almost exclusively the sufferers from this affection.

The symptoms which lead to the suspicion of ovarian displacement are generally those of retroflexion of the uterus, with more or less sharp, darting or radiating pain in the groin and down the thighs, and the peculiar sickening faint feeling during coition or defecation, which any pressure upon the ovary is apt to produce; these symptoms being more or less acute and decided in proportion to the amount of congestion of the organ, and being in any case, aggravated during the menstrual period. If the difficulty be allowed to continue and the ovary becomes inflamed and enlarged, in addition to the severe local suffering resulting therefrom, we may expect various mental and nervous derangements, such as extreme irritability, hysteria, melancholia and even complete insanity, all of which have been demonstrated to

have been in some cases dependent upon ovarian displacements and inflammation.

Treatment must evidently be first directed to the replacement of the organ, provided adhesions do not render this impracticable. I have not found this easy to accomplish with the patient either on her side or back; but have found it necessary to put her into the knee-chest position, and then with the two first fingers (if they will reach) or by introducing the whole hand (as I was able to do in one case), or by aid of this repositor (Nott's, I think it is) carefully lift the ovary out of the *cul de sac* so that it will drop well forward beside the anteverted fundus uteri. To retain it in place, to aid in reducing any existing inflammation and to harden somewhat the vaginal arch, I apply a tampon of cotton saturated with a glycerole of tannic acid, packing the vagina so that there can be very little or no change in the position of the uterus. This must be repeated every two or three days, keeping the patient in bed meantime until there is moderate sensitiveness of the ovary, or until it retains its normal position unsupported. In nearly all cases, however, I have found it necessary to introduce a pessary to support the uterus, and with it, the ovary. For this purpose I have found Thomas' bulb-pessary better than any other I have tried, but in some cases no pessary can be tolerated, and the cotton tampons must be continued unless some better means can be devised. In connection with these mechanical measures I have found bell., puls., gels., apis, iodoform, br. of am., conium and thuja efficacious in reducing the inflammation or enlargement of the ovary. As I have said, my treatment was adopted without pertinent advice or aid from any books, or from any source, but I find it to have been, so far as mechanical means are concerned, identical with that recommended by the authors to whose recent papers I have referred.

When adhesions have taken place, we have a much more difficult task to perform; we can at best only raise the uterus as high in the pelvis as possible by means of such supports as will not press upon the fixed ovary, thus taking off the pressure of the weight of the womb, and putting traction upon the connecting ligaments. Then, by means of internal medication, hot water injections, vaginal suppositories and massage, the resorption of the plastic exudation by which the organ is bound down, must be promoted. Merc. corr., and proto-iodide, iodoform and silica have been proved useful as internal remedies, and iodide of lead and iodoform for suppositories. But, after all, the breaking up of the adhesions and radical cure of such cases, must be considered extremely doubtful, and it is an open question whether Battey's operation for the removal of the ovary may not ere long, come to be considered the surest and best method of treating many of these cases. I am of opinion that it will.

PRURITUS VULVÆ.

BY F. A. WARNER, M.D., LOWELL, MASS.

Read before the Massachusetts Gynæcological and Surgical Society,
Boston, Mass.

A very annoying and often obstinate affection of the genital organs, is an inordinate itching of the vulva and adjacent surfaces. An intelligent survey of the cases as they arise will most frequently result in the discovery of the originating condition. In many cases you will learn that there has been a flow of acrid mucous arising occasionally from the vagina, but more frequently from the cervix uteri, or it may be from the corpus uteri occasionally. The itching may be the first indication of carci-

nomas of the uterus, or an accompaniment of the disintegrating stage of carcinoma. It may be an attendant of menstruation; a short time before, during, or after. It may occur in connection with inflammation of the uterus or vagina, there being no acrid discharge. The "perineal body" may have been so injured that an unnumbered train of evils will follow, and not the least of these "pruritus vulvæ." In fine, while generally we may seek for its cause in the generative organs, the bladder, kidneys, intestines, or portal circle may be the source of the evil. There may be some dyscrasia in the system, which should be considered. Still cases may arise in which none of the above causes are apparent.

SYMPTOMS.

The intense itching is usually associated with intolerable burning, stinging and pricking, coming in paroxysms. Standing near a fire, or getting heated by exercise or passion, will frequently bring on an attack. It may recur without any apparent cause; but when it does come there is often an irresistible desire to rub or scratch the parts, which the most delicate sense of propriety cannot always keep within due bounds.

At other times the sensation is such as might be produced by the crawling of pediculi, and the patient feels sure that there are thousands of the animalculæ crawling upon her person, and will be convinced to the contrary only by inspection; and yet this sense of formication is a slight inconvenience compared with the other variety which is sometimes so intolerable that it has almost lead to suicide.

The sensations are usually aggravated by the rubbing or scratching, and followed by an erythematous, papulous, or vesicular inflammation. It is regarded as an obstinate affection, lasting for weeks, months, or even years.

TREATMENT.

The treatment may be constitutional or local, or both, according to the nature of the cause of which the pruritis is a mere symptom. In many cases remedies carefully selected in accordance with the symptoms, conjoined with scrupulous cleanliness of genital organs, will produce a cure.

Study such remedies: Calc. carb., cantharis, carb. veg., conium m., creasote, croten tig., ferrum, graphites, kali carb., lyc., merc., nat. mur., nit.-acid, nux v., petroleum, platina, sepia, silesia, slapysagria, thuja, zinc; also bapt., caulophyllum, collenstonia, cornus cir., caladium, ham., hydrastis. While using one of these remedies, carefully selected in accordance with the case, promote cleanliness and an equilibrium of the circulation in the generative organs by a copious and frequent use of hot water vaginal injections. Use not less than two quarts or a gallon at a time, after the fountain syringe style, the vaginal tube being closed at the point, but with several orifices on the lateral surfaces; the position of patient being best on her back, with rubber blanket so arranged as to convey the water as it flows out of the vagina down into a vessel of sufficient size by the side of bed or couch. If there be disease within the cervix or corpus uteri, govern yourself accordingly.

Now we may have a case that demands immediate relief for the pruritus, and it does not follow soon enough any of the above treatments, what shall be done? Try a lotion of borax, or the 1st x (aqueous solution) of corrosive sublimate, or carbolic acid, first decimal solution, or weaker. This is said by Schroeder to bring prompt and continued relief, so far as he has observed. A pledget of cotton loaded with glycerine, and a cord attached for easy removal, affords much rest from the pruritus. •

I will briefly refer to a case which came under my ob-

servation for treatment, and close : Mrs. A. B., aged 37, confined three years previous, in feeble health from that time, with pain in forehead just over the eyes; vertigo; heat on top of head; flatulent disturbance of stomach; constipation; difficult breathing at 2 A. M. and again about 5, or upon getting up; frequent paroxysms of pruritis vulvæ, which rubbing or scratching failed to relieve, but left a fearful burning. While I could not determine that there was any special uterine disease, yet there was a passive, enfeebled condition of the pelvic organs, such as to be reflected to the stomach, spine, chest and head, and to produce such an action of the nerves of sensation in labia majora and minora as to call for medical aid. I learned that twelve years previous she had an attack of scabies. The burning on top of head and occasional flashes of heat to face and head, with the fact that the system had been tainted by a prolonged attack of scabies, led me to prescribe *sulph.* at once as a preliminary and intercurrent remedy, in conjunction with hot water vaginal injections copiously and frequently used each day. Partial relief of the pruritus vulvæ followed in short time; and when I begun *nox vomica* then there was entire relief, not only of the pruritus vulvæ, but the head, chest and stomach symptoms disappeared, with general restoration of health.

I believe that a careful survey of each case, as it may arise, will guide to the remedy which will give quick and permanent relief in a majority of instances, while some cases may demand a carefully conducted local treatment in order to remove the real cause, such as the repairing of the "perineal body," or the reduction of flexions, versions, or prolapsus, etc.

LUMBO-ABDOMINAL NEURALGIA.

BY F. F. CASSEDAY, M. D., PH. B., STEVENS POINT, WIS.

As this form of neuralgia is not of common occurrence, reports of cases may be acceptable. Our text-books devote very little attention to this affection, and it was not considered as a separate form of neuralgia until Vadeix made the subject of abdominal neuralgias a special study, and discriminated them from colic. To this distinguished observer we are indebted for the first complete elucidation of the subject. The dorsal and lumbar nerves are subject to neuralgic affections, which exhibit paroxysms of pain, unaccompanied by fever. In many cases it is difficult to distinguish neuralgia of these nerves from colic, but by bearing in mind that in neuralgia of the dorsal and lumbar nerves there are painful spots in the course of the aching nerves, and that the pain occurs on but one side of the body, a discrimination is easily made. Affections of the intestinal nerves are never one-sided. The pain in lumbo-abdominal neuralgia is generally felt in the hypogastric region, a little to one side of the median line. At this point there is localized soreness, which is increased on pressure, and there are also painful spots just outside of the first or second lumbar vertebra, and at a point just above the middle of the crest of the ilium. In men painful spots may be felt at the scrotum, and in women in the Fallopian tube or neck of the uterus, in addition to those enumerated above. The disease is most commonly seen in women.

CASE.—Mrs. W., a delicate blonde lady, aged 23 years, was taken with a severe pain in the left hypogastric region, about 3 o'clock P. M. In the course of a few minutes the pain shifted to the left lumbar region and head. Upon examination I found great tenderness in left hypogastric and lumbar regions, but no pain or soreness anywhere on the right side of the body, except in the head,

where the pain was very intense and of a congestive and neuralgic character combined. As soon as the head improved the pain in abdomen or back was aggravated and *vice versa*. In fact the pain rotated between the three localities mentioned and very rarely was in two of them at the same time. When this did occur the abdomen and back paired off, so to speak, and left the head to wage its own battle. There was no elevation of temperature, no acceleration of pulse to speak of, and the skin was moist. This condition of things continued until six o'clock, when the pain ceased, leaving her exhausted, with a dull headache (very different, however, from the former pain) and great soreness in abdomen and back. The following morning she was very comfortable and continued so until half-past two P. M., when the pain returned, and it continued until six o'clock P. M., as on the previous day.

Proper remedies mitigated the severity of the attack in a measure. After the cessation of the neuralgic pain on the second day she became delirious, and continued in this condition during the evening and night. During the morning of the third day she was free from pain and perfectly rational, but at three o'clock P. M. she became slightly delirious and some indications of neuralgia appeared. The pain was speedily controlled, and the delirium gradually subsided so that she was perfectly rational before midnight. During the succeeding five days there was little or no pain, but the mental condition became one of acute mania in a mild form. This condition rapidly improved under treatment, and on the fourteenth day she was thoroughly convalescent. The treatment of this case consisted of bry. 3x, lyc. 4x, arsenic 4x, and sulphate of quinia at different times for the neuralgia, and ignatia 4x and stramonium 2x for the mental condition.

Remarks.—I attributed this case to impure well water,

overwork and grief. The marked and irregular intermittent character of the pain bear me out in regard to the effects of the water, while overwork and grief prove to have been important factors in the production of the disease, from the general condition of the patient and the character of the mental symptoms. Her only child had died a short time previous, and this fact preying on her mind, greatly aggravated her mental condition. This case is of interest to me on account of the peculiar intermittent character of the neuralgia, the rapid shifting of the pain and the mental condition—certainly a strange and not by any means a happy combination. I may state further, in regard to treatment, that the most marked amelioration of pain followed the exhibition of quinia and arsenic (given at different times). The other remedies met certain indications admirably at the time they were given, but as the case presented different phases and symptoms from time to time the remedy was changed.

PLACENTAL ADHESIONS.

BY H. N. GUERNSEY, M.D., PHILADELPHIA.

Read before the Massachusetts Surgical and Gynecological Society, December 1st, 1880.

On June 27th, 1880, I was summoned in great haste to the assistance of a physician, with the request that I should come armed with my placental forceps. Arriving at the sick chamber, I found that an abortion had taken place at the fourth month and the placenta retained. There had been a frightful hemorrhage, which the doctor had controlled with repeated doses of china. I had been summoned to remove the placenta with my forceps, because the physician in charge could not effect this with

his fingers. On inquiring into the cause of this unfortunate condition of things, I learned that the patient had fallen a few days previous and had sustained a severe contusion in the lower part of the abdomen, from which accident she was very sensitive and it hurt her very much when an attempt was made to dislodge the placenta even with the finger; she was feverish, inflamed across the abdomen and uterus, and was very thirsty. Here was a retained placenta evidently from inflammation of the uterus, glueing the placenta to its inner walls. These symptoms, viz., a sensation of soreness in these parts as from a bruise; a *hot* head and cool body; great restlessness, wishing to change her position frequently, indicate clearly the use of arnica. To have attempted the removal of this placenta under these circumstances would have been very bad and dangerous practice. I therefore advised arnica, using a potency above the 30th, in water every three hours. I met the physician next day at about noon, and we found the patient better in every respect. Arnica was continued till the same hour the next day, when, just before our arrival, the patient was called up to urinate and the placenta passed away entire. I am more and more satisfied, as I acquire experience in practice, that mechanical means, as a rule, are too much resorted to in these cases, and are always of doubtful utility. In retained placenta, as well as in all other diseased conditions of the physical system, there is a disordered vital force at work which causes the trouble; and as it is the duty of the physician to restore order to the vital forces, so in cases of retained placenta should he first seek to cure his patient by resorting to such means as will restore order to the vital forces and the placenta will come away as nature returns to her normal condition. In an extensive practice now of nearly forty years I am *convinced* of the truthfulness of the above principle. Physicians look too much after

the effects of the disordered condition; they too much regard the *effect* as the *disease*. Remove the disordered vital force, which is the disease itself, and its effect becomes *non est*.

I will close this short paper by relating a very interesting fact that I learned at the Great London Hospital this last spring. That the fact may be more fully realized, I will state that the London Hospital is the largest by far of any in the British Dominions. It has a complement of 781 beds, and it costs \$210,000 annually to run the institution, and at this rate is the most economically conducted hospital in London. During the year 1879 there were received and treated within its walls 5,811 patients, and 47,998 were duly cared for as "out-patients." The Governor, William John Nixon, Esq., has been in this hospital forty years. After showing me through this vast institution, he said: "Dr. Guernsey, say to your brethren in America, that a few years ago we hauled into this hospital for the benefit of our patients tons and tons of malt liquors, wines and brandy; we have nearly displaced all that now by hauling in tons and tons of milk and cream. The consequence of this great change is that, notwithstanding the prevalent idea that this climate demands stimulants, there is a great decrease in the bills of mortality, more speedy convalescences, and by far fewer relapses, also a very great saving to the funds of the institution." I was very much pleased to hear this, as it corresponds *exactly* with my observations in this country for the past forty years. Consonant with this practice in the London Hospital, London has what are called "Milk Dairies" established every few blocks throughout that vast city. In them we find a nice, clean room filled with little tables at which are served pure and delightful Alderney milk and a fresh roll of most excellent bread, all for a few pennies. These places are well patronized and are fast supplanting

the old beer shops of London. Sanitary science is making wonderful strides in London, and it will not be very long now before their wise men will discover that a system of medication that serves to disorder the vital forces is as much opposed to sanitary science as is the old system of stimulation.

TRILLIUM PENDULUM AS A HÆMOSTATIC.

BY L. A. PHILLIPS, M.D., BOSTON, MASS.

We are frequently called upon, especially in obstetric and gynæcological practice, to control undue hemorrhage; any excessive loss of blood is not only frightful to the patient and attendants, but is an actual and immediate source of danger, which must be met promptly and effectively. Experimentation is dangerous in anything like a serious case. So, also, is the use of remedies having an uncertain, though possibly a curative action. We must have agents upon which we can rely with confidence, and, by repeated trials in a variety of cases, I have come to feel, I may almost say *know*, that trillium pendulum is one of these reliable agents. There are many cases of post-partum hemorrhage, particularly those occurring after abortion or early miscarriage, in which this remedy proves more prompt and more effectual in its action than ergot, and still others, in which it succeeds perfectly when ergot has absolutely failed. It is, however, as a remedy for menorrhagia and metrorrhagia that I would most strongly commend it, as it is in these conditions that I have chiefly administered it, and derived most satisfactory results. Instead of detailing various cases to illustrate its application, I will simply say that I have found it superior to any other remedy for active hemorrhage, either of bright red, or dark and clotted blood, if

the patient be a delicate, anæmic woman, of lax muscular fibre, with inclination to prolapsus or other displacements of the womb, and also during the critical period of the menopause.

With regard to its administration, I have never experimented with its shadow, but have always used the substance, viz., the first decimal trituration of trillin, the active principle of the plant.

Of this I usually dissolve about five grains in one-third glass of water, and give a teaspoonful every two hours or from that to every ten minutes, according to circumstances, and in some severe cases one grain powder at a dose, every hour or two.

During the past few months I have been using this remedy prepared with cocoa butter, in the form of a suppository, and from my experience I am satisfied that is a very easy and efficient method of administration. It proved as sure and quite as speedy in its action given in this way as when taken into the stomach, and can be thus used even though the patient be unconscious, or when the stomach is in such a disturbed condition that nothing can be tolerated.

I have presented this subject because I believe trillium is a drug which is not truly appreciated, and, in fact, hardly known at all to many physicians. What I have offered is based entirely upon my own experience and observation, not upon any theory as to why or how it produces any given effect. Whatever the pathogenetic effects of a drug may be, it must be admitted, I think, that it is repeated clinical verification which gives us confidence in its virtue. I therefore hope that if any among us have used the dilutions or higher attenuations of trillium, we may hear from them whether the decided and uniform effect which I have observed in the drug, as I have used it, is maintained when the attenuated form of the drug is prescribed.

A CASE OF DECAPITATION.

BY C. E. FISHER, M.D., CORSICANA, TEXAS.

A criminal suit was brought in our County Court, week before last, in which two of our country allopaths were charged with negligent homicide; but in consequence of a flaw in the indictment, the cause did not come to trial upon its merits.

The prime facts of the case are not gainsaid, however, by either side, and are worthy of record, demonstrating, as they do, an occurrence which, happily, is of unusual rarity, one which thousands of obstetricians throughout the country would hardly consider among even the remote possibilities of obstetric practice.

A young married woman, living near the village of Bloomington, Navarro County, Texas, having need of an accoucheur, in January last, sent for her medical attendant, a practitioner of brief experience, who answered the call and rendered such assistance as was in his power. In course of time a breech presentation was diagnosed and counsel sent for. The case had become tedious, and upon arrival of the consulting physician the regular attendant sought repose in adjoining room, leaving the patient in charge of his colleague and her mother.

In course of time, the lower extremities, body and arms were born, but the head was impacted and couldn't be moved. At this juncture a friendly leathern strap was called into requisition and securely fastened around the child's body; and now comes the nice point in the case. The physician charges the mother of the patient with having seized the fillet and using traction to a fatal degree, while the family say that the medical attendant is the guilty one, and so charge in the indictment. This is the point to be proven, and will be fully brought out when the case comes to trial. The fact is not disputed, however, that a sufficiency of force was employed to

completely sever the child's body from the head, leaving the latter within the pelvis to be removed in pieces.

In the course of a week the patient died, and the physicians are charged with being the cause of her death. If the facts should differ materially when developed at the trial, I will inform the JOURNAL. This case is such an unusual one that it may be questioned; but if desirable, the name of the patient, date of occurrence and names of physicians can be copied from the proceedings of our County Court, and be given to the profession through your columns.

ERYSIPELAS NEONATORUM.

BY EDWARD CRANCH, M.D., ERIE, PA.

Erysipelas in young infants is always alarming and demands careful attention in all cases. Homœopathic physicians have a decided advantage over those of the old school, in this disease, as in others, inasmuch as we can bring well selected remedies to assist Nature, whom the allopaths have to rely upon entirely in their "expectant" plan of treatment, which they follow in most cases of erysipelas neonatorum. The consequence is that they used to look upon these cases as always, or very nearly always fatal, while homœopaths find them hardly more dangerous than similar cases in adults. The infantile form is fortunately rare, but is easily recognized. It commences in or near some abrasion of the skin, to which their tender bodies are extremely liable, generally about the umbilicus or genitals, and less often about the mouth and ears. It is most frequent upon the lower portion of the body and upon the limbs, contrary to the general habit of idiopathic erysipelas in adults, which generally attacks the head and face. The loose

tissues under the skin, and the lymphatics, are involved, while the accompanying fever is very high, with delirium or coma, and disturbance of the stomach and bowels. Blisters are not common, a more frequent complication being seen in spots of furuncle or of gangrene, which are of evil omen. Recovery takes place with desquamation; the whole duration of a case is from ten to thirty days, or longer, commencing before the tenth day after birth, though it has been observed, in rare instances, as late as the fourth or fifth month, after which idiopathic erysipelas is scarcely seen until the twentieth year.

The recital of a recent case in the writer's practice will serve to illustrate the subject and show the efficacy of homœopathic treatment.

The child, a boy of German descent, was born March 2d, and appeared in good health, but very *drowsy* and *yellow*, up to March 13th, when it refused to nurse, and was too dull and sleepy to care what was done to it.

The temperature was natural, and as no other symptoms but the dullness and yellowness, with green stools, were present, merc. sol. 200 was given every three hours. The next day it was better ever way, the yellow color was fading, and the child nursed well; merc. sol. 200 continued every six hours. The day following, March 15th, the mother called attention to the child's scrotum, as it was very large, and she was fearful of a rupture, but close examination and handling showed the absence of hernia, and the presence of erysipelas, which was also present in the right foot. From the smooth scarlet redness of the parts, and the drowsiness of the child, bell. 200 was selected and given every two hours. The next day the redness and swelling had extended over the whole limb and on to the penis. Hot water fomentations were applied to the limb, and the genitals frequently bathed in the same; bell. 200 continued every four hours.

The next day the surface was paler, and there was considerable œdema, and apis 200 was administered every four hours. The foot, limb and scrotum rapidly improved, and desquamation began, but the penis continued œdematous, and sulphur 200 was given, night and morning, for two days.

After nearly recovering, a relapse occurred on the twelfth day of the disease, the scrotum swelling up, with a spotted appearance, and rhus 200 was given, resulting in a speedy cure, with the exception of occasional œdema of the penis, which still continues, though without any annoyance to the child.

The temperature in the case did not exceed 103°, at any time, and very rapidly subsided. The bowels were loose, and the stools green; there was no vomiting, and no disturbance of the urinary function.

The starting point of the eruption was evidently a chafe in the groin, whence it was transplanted to the foot and limb. The child itself was small, only weighing five pounds at birth, but it has grown rapidly since recovery.

PUERPERAL CONVULSIONS — ECLAMPSIA GRAVIDARUM ET PARTURIENTUM.

BY C. P. HART, M. D., WYOMING, O.

[From advanced sheets of Dr. Hart's forth-coming work on Nervous Diseases.]

Puerperal convulsions, properly so called, are always connected more or less closely with the puerperal state; nevertheless they occur at very different periods, and under a great variety of circumstances.

1. *During pregnancy.* The disease is said never to occur during the first two or three months of gestation,

and very rarely at an earlier period than the eighth or ninth month; I have met with it twice, however, as early as the sixth month. But as one of the women had an epileptic mother, and the mother of the other, besides being of a very nervous temperament, had puerperal convulsions at the ninth month, they may, I think, justly be considered as having inherited a predisposition to the disease. Such predisposition, however, is not generally admitted to exist in such cases; and it must be confessed that, as a general rule, the constitution does not appear to exert any peculiar influence in this disease; though strong, full-blooded individuals seem to be more liable to it than those of an opposite character.

Velpeau says that all causes of abortion may bring on eclampsia. This is no doubt true. We have already seen (*Part I. Chap. IV.*) that the uterus belongs to a convulsive zone; and there is reason to believe that even the menstrual molimen may become a cause of convulsions among certain women. Baudelocque speaks of a woman whose attacks always corresponded to a menstrual period; and Velpeau says he has often proved the fact, previously noted by Cheussier, that the painful trembling of the uterus, so often observed in the last two months of pregnancy, especially at the monthly periods, is frequently accompanied by the precursory symptoms of eclampsia.

2. *During labor.* The great majority of cases occur during labor, the dilating pains and first uterine contractions especially predisposing to them. In these cases the irritation is supposed to be transmitted directly from the uterus to the spinal cord by the intermediate hypogastric nerves, or else by means of an epileptic zone through the brain. But it is not probable that such irritation would be sufficient to provoke convulsions, unless there was already existing, either a highly excited, or else a greatly depressed condition of the nervous centres. Now

it was long ago observed that an œdematous condition was generally associated with these cases, but albuminuria as an etiological cause has more recently been pointed out. In most cases, albuminuria is present long before the convulsions set in, with œdema of the genitals and lower extremities; the inference, therefore, is that the convulsions are caused by ammoniæmia, (*Schentz*). But when we take into consideration the fact that, in some cases, not a trace of albumen can be detected in the urine; and also that pregnancy frequently runs its entire course in a normal manner, when suddenly convulsions occur without any apparent cause, we must still regard their etiology as more or less obscure and uncertain.

3. *After labor.* Convulsions may also occur immediately at the termination of or soon after delivery. Sometimes they are excited by post-partum hemorrhages, by retention of portions of the placenta, by inversion of the womb, or by nervous shock occasioned by a too speedy delivery. A more important factor in their production, however, met with in some cases, is the presence of one or more cerebral clots. Numerous small extravasations of blood have been met with in the optic thalamus and corpus striatum, especially after severe labors. This will account, perhaps, for the fact, that the largest number of cases are found among the primiparæ. Such lesions may, indeed, be an effect instead of a cause; but when the convulsions occur immediately after the termination of very severe and protracted labors, it is reasonable to infer that the relation they sustain to them is a causal one.

Causes. We see from the above facts, that it would be unsafe to adopt the partial views of Spiegelberg and Heidenhain, that the phenomena are due to the poisoning effect of blood surcharged with urea or carbonate of ammonia, or the opinions of Kiwisch, Scanzoni and others, who regard the convulsions as due to the mechanical ir-

ritation of the pelvic nerves, produced by pregnancy and parturition, but to a variety of factors, the most important of which have been given by Dr. A. Mac Donald as follows:

1. *Predisposing.* Special weakness in the nervous system, either congenital or acquired by depressing circumstances, and possibly also aggravated by impaired nutritive cerebral changes through an imperfectly depurated blood arising from diseased kidneys.

2. *Efficient.* In addition to the above, anæmia of the cerebral motor centres, induced in the manner in which Tranbe and Rosenstein explain its production, which is under conditions most favorable for its causation, if it does not take place only when the blood is increased in bulk, and rendered hydræmic by the co-existence of kidney disease in some of its forms.

3. *Exceptional.* But in certain cases where no kidney disease is present, it is difficult to see how the mechanical conditions required by the above theory can be obtained, and these are naturally explained by the theory of reflex spasm of the cerebral arteries, induced by irritation traveling from the uterus centripetally to the great motor centres of the brain in the manner in which Cohen explains the origin of his eclampsia uteri matura. In this case, also, we need to predicate the existence of specially predisposing causes affecting injuriously the nervous system of the mother.

The operation of these causes will be explained more at length in the section on non-puerperal convulsions, (*Sec. 4.*)

Symptoms.—Puerperal convulsions are frequently, but not as a rule, ushered in by precursory symptoms, such as a dull, heavy headache, with more or less drowsiness, mental hebetude, impairment of the special senses, full slow pulse, and a flushed face; these symptoms are sometimes followed by sudden sharp pains in the head,

ringing in the ears, flashes of light before the eyes, transitory blindness, pain and oppression of the stomach, and a sensation of impending danger. Sometimes, however, there is no such warning; and unless albumen and fibrinous coagula are previously found in the urine, there may be no apparent evidence of approaching convulsions. In whichever way it commences the paroxysm resembles in many respects an attack of epilepsy. The muscles of the face twitch and work spasmodically, producing great distortion of the features, the bulbi are fixed, or roll in every direction, the pupils are dilated and immovable, the tongue is protruded, foam collects at the mouth, and a deep hissing noise is made by breathing through the closed teeth. Soon the spasm extends to the neck and upper extremities, which jerk and tremble, the lower limbs remaining for the most part rigid and stationary. After a longer or shorter period, according to the severity of the fit, the patient sinks into a stupor, from which, after an uncertain interval, she may suddenly awake apparently well, and wholly unconscious of her previous condition. The paroxysms are generally more and more severe at each repetition, the respiration becoming increasingly impeded and irregular, so as at times to be even temporarily suspended, and the heart's action labored and uneven, the pulse being feeble, intermitting, and occasionally lost. In these cases consciousness returns only gradually, and the paroxysms are of longer duration, sometimes lasting two or three days. Cerebral hemorrhage occasionally follows such attacks, and then the comatose state may continue until death puts an end to the scene.

Prognosis.—The prognosis is always doubtful and should therefore be guarded. In some cases the convulsions cease immediately after the birth of the child and do not return; in other cases, delivery, whether natural or artificial, seems to have no beneficial effect upon them.

As a general rule, however, the danger to life is diminished in proportion to the lateness of the attack, the chances of recovery being greater the more speedily the patient is delivered after the convulsions set in. Death seldom occurs during the paroxysm, unless caused by cerebral hemorrhage, or by acute pulmonary oedema. The remote consequences are: insanity, dementia, loss or impairment of the special senses, muscular contractions and paralysis. The prognosis, so far as the foetus is concerned, is still worse. It is estimated that at least fifty per cent. of those born in the midst of convulsions die, and that a still higher rate of infant mortality attends serious convulsions in pregnant women.

Treatment.—This will depend, to some extent, upon the period when the convulsions occur. If they take place during pregnancy the tendency is to excite uterine contractions and produce abortion or miscarriage. In some of these cases the threatened danger may be averted, and the convulsions subdued by the prompt administration of the indicated remedy; but as a general rule the quicker the womb is emptied of its contents the better. The same is true if the convulsions occur at the commencement of parturition, for then the process is considerably delayed by them; but if they happen towards the end of labor, artificial delivery is seldom necessary, as the expulsion of the foetus is usually sufficiently hastened by the accident itself. If the convulsions occur after labor, the uterine contractions are generally arrested, which may lead to the retention of portions of the placenta; and as the convulsions never entirely cease so long as any of the contents of the womb remain in the uterine cavity, their speedy removal becomes a matter of the highest importance. Moreover, their retention is liable to produce puerperal inflammation and fever, metrorrhagia and other disastrous consequences.

The remedies most frequently indicated in this disease

are: aconite, belladonna, chamomilla, coffea, cuprum, gelsemium, hyoscyamus, ignatia, kali brom., opium, stramonium and veratrum viride.

Belladonna.—Belladonna justly stands at the head of this list as an anti-convulsive remedy. Its action, says Boehr, is not only similar to a paroxysm of eclampsia, but it has, moreover, a special affinity to the condition of a parturient female. It is specially indicated in cases where there is deep redness of the face, staring and glassy eyes, dilated pupils, great restlessness and tossing about, moaning respiration, opisthotonos, stupor, insensibility, and involuntary discharge of urine.

ILLUS. 12.—Convulsions during labor, in a stout woman; no spasm during uterine contractions, but shortly afterwards, with labor pains during the intervals. The paroxysms were characterized by a warm, moist skin, congestion to the head and face, eyes distorted, pupils greatly dilated, opisthotonos, and violent clonic spasms, accompanied with trembling and shuddering; convulsions, followed by coma; the spasm lasted five minutes. Prescribed bell. 200. No return of convulsions for an hour; child born in two hours; only one more severe spasm.—*Dr. O. P. Baer*.

ILLUS. 13.—Convulsions before and after labor; spasms return every ten minutes; delivery instrumental; patient unconscious during the intervals, or else delirious, swearing and using obscene language. Prescribed bell. 2. Relief gradual, condition lasting about a week.—*Dr. R. B. Bush*.

Cuprum.—This remedy is indicated in cases arising from cerebral anæmia, particularly if the convulsive state continues during the intervals between the paroxysms, which follow each other in rapid succession, are of a clonic character, and attended or followed by cramps of the extremities.

ILLUS. 14.—Mrs. ———, during third pregnancy, be-

tween the seventh and eighth month of gestation, was attacked with convulsions. Spasms were of a clonic character, and appeared to commence in the stomach. During the attack the patient was totally unconscious, and between the different paroxysms very restless, with cramps in limbs, etc. Cuprum met. 3 quickly controlled the trouble, and patient went on to the full term with safe deliverance.—*Dr. Geo. M. Ockford.*

Gelsemium.—The indications are: great nervous excitement; excessive irritability of both mind and body; mental derangements with great vascular excitement; delirium, attended with congestion of the brain; also in dull, stupid and comatose states.

ILLUS. 15. Violent convulsions in a young woman of highly nervous temperament, seven months pregnant with her first child; spasms frequently repeated, and soon followed by complete unconsciousness and the wildest delirium. After continuing in this state for about two days, she was delivered of a dead foetus. The convulsions now ceased, but she remained in a state of wild delirium, incessantly talking, and without a moment's sleep for three days and nights. Aconite successfully controlled the arterial action, which was inclined to be excessive, but gelsemium 3d dil., three drops in half a tumbler of water, was the only remedy found capable of subduing the delirium and procuring sleep.—*Dr. J. S. Douglass.*

ILLUS. 16. Mrs. — (colored), during gestation had frequent spasms, accompanied with violent opisthotonos and vomiting; the spasms were of a tonic character, with gradual relaxation. After an attack of headache, soreness of the flesh and debility. Gelsemium tinct. prevented further attacks, and delivery occurred at full term. The child subsequently died of trismus nascentium (eclampsia neonatorum).—*Dr. G. M. Ockford.*

Kali bromatum.—This is an admirable remedy in

many cases of puerperal convulsions, particularly when there is great determination of the blood to the brain, with red and bloated face, wild delirium, dilated pupils, head hot, eyeballs turned up or moving in every direction, spasmodic twitchings of the muscles, and tendency to coma; also when convulsive movements occur during pregnancy and at or near the menses.

ILLUS. 17.—Mrs. C., a stout, plethoric woman, confined with her first child, was seized with violent convulsions during the last stage of labor. The child, a healthy male infant, was born after the paroxysm set in, which lasted about eight minutes. The placenta immediately followed the child, and the patient seemed to be doing well, when after an interval of about half an hour, she was seized with another and more severe spasm, which lasted twenty minutes. I now ordered belladonna 30 to be given after every paroxysm. The convulsions continued to occur, at intervals varying from half an hour to three hours, for three days and nights, at which time the patient was greatly exhausted, and apparently sinking. Alarmed for the result, I determined to try kali bromatum, and prescribed ten grains every half hour until the paroxysms should cease. The patient, after taking eight or ten doses in this manner during the intervals, became less delirious and more quiet; the pulse became firmer and more regular, and a natural sleep succeeded to the comatose condition which followed the last paroxysm; but as the convulsions continued to recur, though in a milder form and at longer intervals, I ordered the continuance of the remedy by enema, fifteen grains to be given every half hour in two ounces of cold starch. This treatment proved successful; the spasms gradually became milder and more distant, and on the evening of the fifth day they entirely ceased. The patient made a good but slow recovery, having had in all upwards of seventy convulsions.—*Hart*.

Stramonium.—This remedy is more especially indicated in cases where clonic and tonic spasms occur in frequent alternation; where the heat and turgesence are considerable, and where the increase of temperature affects the whole body instead of the head, the skin being hot and dry, the eyes sparkling, and the circulation greatly accelerated.

ILLUS. 18.—Mrs. S., aged 23, was confined March 1st; labor perfectly normal, terminating in about eight hours from the commencement. Shortly after I left, the old midwife, disregarding my injunctions, gave the woman a pint of soup; then she got her up and changed her clothes throughout, and before she retired, served her to another pint of soup! Half an hour afterwards my patient was in the midst of a convulsion. I found the secretions all suppressed, skin hot and dry, pulse short and quick (130), face red and bloated, eyes sparkling and projecting, with frothing at the mouth, limbs convulsed, head drawn backwards. This lasted about half an hour before she became conscious. After fruitless attempts to excite vomiting, I gave aconite, belladonna and veratrum viride, in succession, without benefit. The convulsions continued to return about every half hour, and continually increased in severity. I now gave stramonium, ten drops in a glass half full of water, every fifteen minutes during the interval between the spasms. Next morning found that she had had but two convulsions since she commenced taking the stramonium. Continued the remedy until they were entirely controlled.—*Dr. E. B. Graham.*

LACTATION RE-ESTABLISHED.

BY N. C. RICARDO, M.D., PASSAIC, N. J.

On August 29th, 1880, Mrs. T. Smith, age 31, gave birth to a still-born child. Her breasts were immediately dried. There was no trouble whatever with them. On September 11, 1880, a Mrs. Huiger, age 36, gave birth to a female child. The mother died October 7th following, leaving her infant child, 26 days old, to the mercy of the world. Feeling an interest in the welfare of the little one, I tried to induce Mrs. S. to adopt it for a consideration. She was willing, but her husband objected. His principal objection was on account of the extra expense to which they would be subjected in providing proper food for the infant. The consideration was an object to them. I suggested that Mrs. S. put the child to her own breast, and I assured them that after a while her milk (now absent forty days) would return. The husband couldn't credit this; but was willing she should try, if she wanted too. Suffice to say, she tried; and after the second day some signs of milk began to be felt in the breasts; and after one week's trial, her milk was completely re-established. The husband was astonished, and so were the neighbors. She continued to nurse the child for eight (8) weeks, without any apparent ill effects to the woman, and the child thrived on her milk. Four weeks after the death of Mrs. H. her husband consoled his grief by taking unto himself another helper, wife No. 2. Four weeks after this second marriage, Mrs. Smith sent the child to its stepmother.

January 4th, 1881.—The father called early one morning to say the child was dead and wanted a certificate of burial. To this I objected unless I held a *post mortem*, to which he readily consented. It appears that the child had been crying day and night for three days, and finally went to sleep about 3 A. M. this morning, and

they all then went to bed. On waking at about 6 o'clock, to their surprise they found the child dead.

The *post mortem* revealed that the child had been suffering from pericarditis, which was followed by effusion. The liver was very much enlarged and congested. Spleen the same. Intestines very much bloated.

While the direct cause of death was effusion from pericarditis, it was certainly augmented by carelessness.

NERVOUS PREGNANCY.

BY C. P. HART, M. D., WYOMING, OHIO.

Simulated, or, as it is sometimes termed, nervous pregnancy, is an affection of such comparatively rare occurrence, that when it is met with in practice, it is very apt to deceive the inexperienced and superficial observer. This is all the more apt to be the case from the fact that the symptoms oftentimes so closely resemble those of true pregnancy that not only the women themselves, but even the most celebrated accoucheurs are deceived by them. The catamenia are not only suppressed, but the abdomen gradually enlarges, sickness of the stomach occurs, the breasts swell and undergo the usual sympathetic changes, and the other rational symptoms of pregnancy, including even the supposed motion of the foetus *in utero*, supervene, and render the diagnosis by the rational symptoms alone, both difficult and embarrassing. Indeed, in many cases, it is only the non-appearance of the child, at the full time that excites suspicion of the real nature of the case.

A case of this kind occurred in my practice a few years ago, the history of which possesses some points of interest sufficiently important to merit publication. A few months after marriage, a young lady of much intelligence

and worth became, as she thought, pregnant. This belief was founded on the usual symptoms of pregnancy, namely, suppression of the menses and morning sickness. This was followed by a gradual enlargement of the abdomen, depraved appetite, supposed quickenings, etc. Her husband called at my office, stated that she expected to be confined near a certain date, and engaged my services for the occasion. Every preparation was made for the expected event, a nurse engaged. etc. As the time approached, her mother, who was staying with her, called upon me, stated that her daughter was getting along well, (she herself had borne several children) that the movements of the child were unmistakable, and that she wanted me to be near at hand at the appointed time, there being no doubt about the case in any respect. I saw the patient once or twice upon the street about this time, and I must confess that she had every appearance of being a woman near her full time. The nurse was sent for a few days before she expected to be sick, but after waiting several days after the expected period, she began to suspect there was "something wrong," and wanted me to call and see what was the matter. I found the patient a good deal excited, as she might well be, at the unexpected delay; and although there was nothing else, apparently to excite suspicion, I deemed it best to insist upon a satisfactory examination. The patient was lying at the time upon her back in bed, and it was but a moment's work to ascertain by pressing the hand firmly towards the spine, upon the distended abdomen, that there was no child there, and probably no pregnancy. A vaginal examination discovered not only the absence of any presentation, but a normal cervix, resembling that of an unimpregnated uterus.

The announcement of her condition astounded both the patient and her friends, and the phenomena that fol-

lowed were no less remarkable than those that preceded. Hysterical fits succeeded each other at longer or shorter intervals for more than a week afterwards, during which the patient was violently convulsed. The convulsions gave place to salivation, the patient spitting more than three pints of saliva per day. Vomiting was another troublesome symptom, lasting off and on for nearly two weeks. Finally, however, the symptoms quieted down, the abdomen lost its hardness and rotundity, and in the course of five or six weeks from the *denouement* she was as slim and active as the day she was married. While these retrogressive changes were taking place the catamenia returned, and a few months afterwards the patient became normally pregnant, and in due time was delivered of a fine boy. Since then she has borne two other children, and has never shown any further traces of hysteria.

I can find no case on record exactly resembling mine. Most cases of nervous or hysterical pregnancy are met with later in life, about the period of the cessation of the catamenia, or else in women who, having passed several years of widowhood, have married again, imagine they have become impregnated by their last husbands, and appear to experience all the rational signs of pregnancy, even to the motions of child *in utero*. At last they are undeceived, and then a few hours generally suffices to restore them to their usual health. The history of midwifery abounds with cases of this description, of which the following, by Velpeau, is a fair illustration: "A lady, æt. 38, who had been barren for twelve years, and who would have given anything to become a mother by the man with whom she was associated, sent for me in 1823 to prevent an abortion with which she thought she was threatened. She represented that she was four months pregnant; the size of her abdomen, and numerous sympathetic phenomena seemed to confirm her statements; she had felt the motion of the child, and the slight discharge

of blood that had alarmed her had been provoked by violent exercise. After two or three days her fears were allayed, but they recurred again two months afterwards. Her hopes were revived. The period so ardently longed for at last arrived; labor pains set in; a skillful midwife came, who was overwhelmed with joy. Three days passed in pretty severe suffering, without appearing to advance the delivery. I was then sent for, and, upon examining her, found the cervix, as well as the body of the uterus, in a natural condition. I pronounced her not pregnant. She became enraged. I was dismissed, and four days afterwards I learned that her abdomen had fallen, that nothing had escaped from the sexual organs, and that the woman's health was fully restored."

It is singular that these women should always get so angry at the physician who reveals to them their true condition. My patient has never forgiven me from that day to this, and always employs another accoucheur.

REPERCUSSED ERUPTIONS.

BY E. A. FARRINGTON, M.D., PHILADELPHIA, PENN.

Philadelphia has been visited by an epidemic, which has more or less seriously affected thousands of children, as well as many adults. The fully developed disease consisted of an eruption, with catarrhal symptoms and swelling of the cervical glands. The eruption varied, developing in some in roseolous spots; in others, in small papules. The initial fever was mild, as were also the catarrhal symptoms. In three or four days, the skin paled, usually without much desquamation.

But the mildness of the symptoms led to carelessness, both on the part of parents and physicians. Children

were permitted to go into the open air too soon, or were not properly housed and protected from drafts. Sequellæ, therefore, were common, and were much more severe than the original affection. These were chiefly conjunctivitis, sore-throat, cough, diarrhœa, and glandular enlargements.

Many of the cases were obscure from the beginning, their exact nature being determinable only by comparison with the epidemic symptoms. Herein lay another reason for careless hygiene with unfortunate consequences. Some children were seized with nausea and vomiting; others with slight sore throat and glandular enlargements; still others, developed only a slimy, slightly bloody diarrhœa. All exhibited a disproportionately severe prostration. Careful investigation in some instances, would discover a papule or two here or there, while in many cases, no skin symptoms could be detected. These latter cases frequently proved very annoying, on account of tedious abscesses of the cervical glands.

One little girl, who was apparently but slightly affected, was taken out to ride, contrary to orders. A few days later she was seized with an alarming spinal meningitis, from which she has not yet (six weeks) recovered, if, indeed, she ever will fully.

The epidemic was neither measles nor scarlatina; but resembled more nearly rōthelu.

The lesson to be learned from the serious sequellæ of the disease, is but a repetition of a very old one, so old that it is becoming unfashionable; and physicians, as well as lay, are paying too little attention to skin affections and the consequences of their repercussion.

In these days Hahnemann's psoric doctrine is buried beneath a mass of nonsense, which dermatologists call science. The Italian's needle which removed the scarpotitis and its eggs punctured at the same time the empty

theory of psora; at least so it is said. But whether he was mistaken or not as to the precise kind of suppressed cutaneous disease, which resulted so disastrously to mankind, the underlying facts were indisputably true, and remain true. His psoric theory was not the work of a day; nor was it a result of his ostracism—an extreme and dogmatic assertion, born in the rebound from allopathic persecution.* It was a deduction from twelve to fifteen years of careful prescribing, during which, so numerous were his letters, he was obliged to have a separate mail-bag at his disposal. Noting that some remedies healed permanently and others only temporarily, he found from experience that those drugs which acted surfaceward, cured permanently. And this truth is as potent to-day as it was when it flashed upon the gifted mind of Hahnemann.

We should remember this in the management not only of acute exanthemata, where precautions are generally given, but also in the manifold eruptions of infancy and early childhood, in which local applications are recommended in homœopathic as well as allopathic books.

ANÆSTHESIA IN LABOR.

BY J. H. MARSDEN, A.M., M.D., OF YORK SULPHUR SPRINGS, PA.

The frequent extreme suffering of the human female in parturition must have been noticed from the earliest periods of the existence of our race. In the ruder ages

*Dr. Potter says, in his "Index to Comparative Therapeutics," page 144: "The ostracism and persecution of Hahnemann produced its usual results. The 'Master' speedily advanced the most extreme and dogmatic tenets concerning the nature of disease, etc."

of the world, it was probably not generally so great as in modern times since the introduction of a higher civilization and the adoption of a more artificial mode of life. But childbirth was probably never merely a pleasant pastime—the doom still rested upon woman, “in sorrow shalt thou conceive and bring forth children.” We have evidence of this in the earliest historical records we possess. We read the affecting story of Rachel, who, in giving independent life to her offspring, forfeited her own. The Hebrew midwives concealed their disregard of the command of Pharaoh by asserting that the labors of the Israelitish women who were slaves were less lingering than those of the more favored and luxurious Egyptians, which, by inference, we must conclude involved some amount of suffering.

In the remote ages of the world, and especially among savage nations, but little sympathy was felt for woman. She was regarded as inferior to the stronger sex, and doomed to servitude and the propagation of the race. But, as civilization advanced, and especially since the benign influence of Christianity has been felt, she has gradually risen to an equality and companionship with man. Her weaknesses and peculiar sufferings more and more enlisted his sympathies, as well as those of her own sex and especially the sorrows and agonies of maternity. But, however great may have been the desire to relieve them, it is but comparatively of late that anything has efficiently been done toward the accomplishment of this purpose. To most of the early efforts in that direction, she might well have said, in her agony, “Miserable comforters are ye all.” We are advised by the great Velpeau, whose work scarcely yet ceases to be an authority in midwifery, that when the woman becomes discouraged under the pains of lingering labor, and she insists on having relief, the doctor should assure her of his intentions to furnish it—should send to a distance for some medicament

by a messenger of whose tardiness he is well assured, and at the same time be careful that the article sent for be a very hard root, requiring much pounding and trituration before it is fit for use. All this to gain time till nature, sustained to some extent by a fallacious hope of relief, might accomplish her task without further aid. Every now and then, it is true, there was the looming up, to imperfect and transient view, the great discovery which, in the fullness of time, America was destined to disclose to the world in the form of anæsthesia to pain in surgical operations. Not long after this was fully tested upon the operating table it was tried for the relief of the pains of parturition—ether, perhaps, first, but shortly after chloroform. It is now upwards of thirty years since chloroform was successfully used in the latter application of it, by that great Scottish accoucheur, James Y. Simpson.

I would here premise, before proceeding further, that my remarks upon anæsthesia in labor will be restricted to chloroform, the only agent yet known in any good degree meeting the indications of the case. I am aware that some who utterly discard chloroform employ sulphuric ether on account of its supposed greater safety in labor, but unless this claim can be established by experience, its inconvenience and inefficiency, compared with chloroform, are so great that it must be regarded as unworthy a place in the armamentarium of the obstetrician. The large quantity required to produce any decided effect in annulling the pains of labor, its slow action and comparative inefficiency in any quantity whatever, the necessity of almost constant inhalation, its disagreeable odor to most persons, especially after the inhaled vapor has been expelled from the lungs and diffused through the air of the chamber, and its danger from its great inflammability, constitute objections that must drive it out of use with all, except perhaps those who are still terri-

fied at the apparition of the danger of chloroform even in labor. We cannot think that any one who has fairly tested the powers of these two agents can, for a moment hesitate to give the preference to chloroform.

It may seem superfluous to write upon the value of an agent introduced to professional notice so long ago, and by one so eminent as Prof. Simpson, and yet it is very certain that upon this subject professional opinion is still strangely divided, and there are, up to this day, many who have never adopted, nay, have persistently rejected, the use of anæsthetics, and especially chloroform, in labor. Happily, however, I think this number is daily decreasing.

In discussing this subject it is the purpose of the writer—

First.—To notice some of the objections commonly urged against the use of chloroform in labor.

Secondly.—Enumerate the particular circumstances demanding the employment of chloroform and its advantages when so employed.

And thirdly.—Describe the method of administration best suited to secure the beneficial results claimed for its use.

I am first, then, to notice some of the objections brought against the use of chloroform in parturition—*some*, I say, not all, for their name and number is legion. There is scarcely an accident or an ill attending or resulting from childbirth which has not been attributed to its agency. I would premise, moreover, that objections are most strongly urged by those who, in their own practice, seldom or never use the agent at all. Their objections are, therefore, mainly upon theoretical grounds.

One of the first objections I shall notice, and perhaps the one most easily refuted, is that as parturition is a natural function, it is wrong to interfere with its normal course. In a correspondence which took place between

Dr. Simpson and our then eminent professor, C. D. Meigs, the latter alleges that no attempt should be made to annihilate the pains of labor, as that process was the "culmination of woman's somatic force," which I take to be his peculiar way of stating the idea above expressed. True, labor is a physiological act, and *may* need no interference to enable it to accomplish its end. But so many are the obstructing agencies and influences with which we are surrounded here, that the most natural function may be seriously hindered and embarrassed. It is a perfectly natural function for the child, when it has attained sufficient age, to learn to walk; and yet who would object to the parental hand leading it, and thus aiding it to overcome with safety the obstacles encountered from the roughness of the way. In short, the same objections brought against the use of chloroform to annul the pains of labor might, with equal propriety, be brought against the employment of means to relieve any of our sufferings, or to amend our present condition in any manner whatever.

Another objection apparently more valid than that just disposed of is based upon the supposed *danger* of chloroform administered in childbirth. This objection, if well founded, would certainly be a very weighty one. It would generally be unwise to incur a serious risk of life to escape suffering, however severe, which usually lasts but a few hours.

We readily admit that chloroform has proved fatal in a very considerable number of surgical cases. We will not stop here to enquire how many of these may have occurred through sheer recklessness in the administration of the agent. But we do deny that the same peril *necessarily* attends its use in obstetric practice. The circumstances are very different. Without particularly dwelling upon the well established fact that the female sex is somehow endued with a much greater tolerance of chlor-

oform than the male, there are various conditions attendant upon the parturient woman, ordinarily absent from the surgical patient, which are, doubtless, important factors in her greater safety. In the one case, namely, that of the puerperal woman, there is no depressing emotion such as the fear of a horrible operation, to modify the action of the heart, and we all know the power of fear in that direction. On the contrary the parturient woman is under the inspiring, elevating influence of hope. She is encouraged to expect great, or even perfect relief from her sufferings, and when she has confidence in her attendant, as she usually has, she leaves herself resignedly in his hands, and soon passes into a tranquil sleep. The deepest degree of narcosis, in her case, is seldom necessary, and therefore the augmented danger of such condition avoided. Besides, the constantly recurring efforts of the womb and of other muscles, throw the blood upon the brain and thus obviate any tendency to anæmia of that organ which might arise from depression of the powers of the heart. After the patient has been fairly brought under the influence of the anæsthetic, it is necessary to repeat the dose only upon signs of the recurrence of the contractions, and thus, so to speak, bane and antidote are simultaneous. Thus the skillful operator can keep his patient, for any reasonable length of time, free from acute suffering, and yet within the confines of safety.

It may, perhaps, to some seem superstitious, but from the peculiar adaptation of chloroform to relieve the sufferings of the parturient woman and its, as yet, small or no fatality, I have suspected there may, in her condition, be some peculiarity, not yet understood, which fits her to receive in safety the advantages of this greatest boon for the relief of the extremest agonies within the endurance of the human organism. May this not be the agent prepared by a beneficent Creator, long held in reserve.

but to be revealed in the fullness of time, to cancel the curse of child-bearing. This supposition is certainly sustained by the analogy of many arrangements around us and which affect us in our present state.

But be all this as it may, the fact is *incontestable*, that death seldom, if ever, occurs to the parturient woman from the use of chloroform when administered by skillful hands. I doubt whether there is recorded a single well-substantiated instance of such occurrence in the hands of a competent administrator and when the subject was in a condition at all suited to the employment of the anæsthetic. I know there are a few cases of death given, as attributable to chloroform, but the details are usually too scanty to unquestionably convict chloroform of the result, and generally there are concomitant circumstances very likely to have been prominent factors of the disaster. The very line of argument, therefore, which proves the danger of chloroform in surgical practice, proves its safety in that of midwifery, namely, the numerous fatalities in the former, their absence in the latter.

I have used chloroform for many years, nearly since the time of its introduction by Prof. Simpson, in *most cases of painful labor*, especially in those cases of primiparæ; have used it freely, often producing a deeper insensibility than many deem necessary or prudent, and yet I have never, in a single case, experienced any alarm, or even anxiety, and much less have I ever lost a patient. I do not attribute this to any particular skill I may possess or claim. My colleagues who have used chloroform as freely have fared as well so far as I have ever known. It is used extensively throughout Great Britain with the utmost confidence and, so far as I know, without well-attested disaster. "Chloroform inhalation is now frequently used," says Dr. Ringer, "with much advantage during delivery; it eases the uterine pains

without increasing the danger to mother or child." Dr. Hoffman, of Pittsburg, Pa., claims, I believe, to have used it in 1,800 cases, not only without accident, but without alarm or even anxiety on account of any threatening symptoms arising during its administration or in consequence of it. Dr. Seip, of the same city, has given it in about 400 cases, and advances the same testimony in its favor. The latter gentleman has written a valuable paper on the use of chloroform in labor, published in part in the Transactions of the Homœopathic Medical Society of Pennsylvania, vol. 2d, page 370.

If perfect immunity from accident has thus followed the large experiences just detailed, and many others which might be given, why might not the same be indefinitely extended, by carefully excluding all elements of danger not necessarily involved in the action of the chloroform itself?

Even accepting the reported cases of death from chloroform in labor as fairly stated, is their ratio as great to the number who now use it as that of railroad accidents to the number of women who avail themselves of that mode of traveling? And yet, in view of this, what lady ever refuses to seat herself in a railroad car to make an excursion or visit a distant friend? Again it is believed the casualties of childbirth in general bear a greater proportion to the number of child-bearing women than those claimed for chloroform to the number that use it, and yet how few ladies decline to marry simply through dread of the future risks of childbirth?

But some who admit the comparative immunity from *immediate* danger from the use of chloroform, allege that its after consequences are bad—tedious recovery and lasting impairment of health. From my own experience, such as I have before stated, I feel confident that those taking it have always had quite as good a "getting up" as those who did not, and I would venture

to say mostly better. It should be remembered, too, that the former were generally the worst cases. I have made it a practice to call upon almost every woman to whom I had given chloroform, some time after her convalescence, and I never have found in any instance a morbid condition which I think could have been fairly charged upon that agent. The best authorities, including Cazeaux, confirm this statement. In a word, from the fact that the strength of the patient is conserved through comparative freedom from suffering, this is the very result we might reasonably expect.

Again, it is alleged that the use of chloroform disposes to hæmorrhage by preventing contraction of the womb. To this I can only reply, that whatever may happen under bad management, such an accident is not necessary. A tendency to relaxation of the womb can generally be anticipated and prevented by giving repeated *small* doses of ergot toward the close of labor, or by proper management after the child is born in the delivery of the afterbirth and subsequent treatment. I have *never had a bad case of hæmorrhage after the use of chloroform*. The worst one that has ever occurred to me, was that of a patient to whom, fortunately, no chloroform had been given. Had she taken it, doubtless that would have been pronounced the cause of the accident. If I have thus avoided hæmorrhage through many years, I can see no reason why others, claiming and it may be possessing more skill, may not avoid it too. If others, as is sometimes asserted, have really experienced such frequency, it must be attributable to some other cause or associated circumstances, for we can hardly suppose chloroform, under the same conditions, to blow both hot and cold, to act this way in the hands of one practitioner and that way in the hands of another. The absence of hæmorrhage, in my experience with it, certainly shows that it *may* be used without hæmorrhage. It may be

well, too, to remember that hæmorrhages occasionally occurred before chloroform was known, and when they follow the use of that agent, they may *possibly* be in stances of the "*post hoc*" and not always of the "*propter hoc*."

Again, chloroform is accused by some of tending to cause laceration of the perineum. Why it *should do so*, I am unable to see. This accident is supposed, mainly and usually, to be the result of two combined factors—the one, excessive uterine action; the other, rigidity of the perineum. So far as I have been able to observe, its tendency is to obviate both these causes. Chloroform undoubtedly calms excessive uterine action in the last throes of labor, by obtunding nervous sensibility, and thus diminishing reflex action. The head is sometimes detained for some moments in the embrace of the distended labia without the patient seeming to be sensible of its presence there. Delay therefore takes the place of the violent force that drives all before it. Again chloroform, when well managed, is certainly one of the best relaxing agents of the maternal tissues, the perineum included, that we possess. Under its action this organ generally loses its rigidity, so fruitful a cause of rupture. These circumstances ought certainly to contribute to the safety of the perineum rather than to enhance its risk. Practically, I think, this will be found to be true. In the course of a long practice I have met with but two cases of rupture of the perineum to such an extent as to demand surgical treatment. Both were primiparæ. The first had been several years married before the birth of her first child. She was not very young, and she had taken on a large amount of fatty tissue during her pregnancy. We all know how much more tender is the muscular fibre of fat beef than that of lean. I had given her chloroform during several hours, and my stock had become exhausted, so that at the

time of the accident the influence of the anæsthetic had nearly passed off. Just before the extrusion of the head my only assistant, for some pretext, and contrary to my expostulations, had left the room. I was alone when under the influence of a most powerful expulsive force, the patient threw herself away from me, and, I think, extended her limbs, simultaneously the head passed and the perineum was badly ruptured.

In the other case chloroform was *not* given, in accommodation to the prejudices of the patient's mother, who, unfortunately happened to be present, but contrary to my wishes. Uterine action was very powerful and persistent, and perineal rupture was the result. Perhaps I might have prevented it by applying an opposing force to the head, but I doubt whether this expedient would have succeeded. From all I have seen, it is my firm belief that if chloroform were more frequently used, not only would perineal ruptures be less common, but also lacerations of the os uteri, which have of late come to be regarded as the *fons et origo* of so many of the ills that suffering woman is heir to, and so fruitful a source of employment to the gynæcological surgeon.

Prolonged labor is another of the evils charged to the account of chloroform. It is said to "arrest labor pains," meaning uterine action. It must perhaps *occasionally* plead guilty to this charge. The cases, however, are very few, and they are by no means irremediable. If a total suspension take place, the pains always return upon the withdrawal of the anæsthetic, and they by no means always subside again upon its repetition. Uterine action, however, thus suspended, can generally be evoked without discontinuing the anæsthetic, by administering a little ergot. When the action of the womb is only diminished in force, it is more than compensated by the relaxation of tissue produced, and the abundant secretion of lubricating mucus which follows. Even suppose

labor delayed for an hour or more, such delay is largely compensated by the absence of suffering. "*Beati non numerant horas.*" Who regrets the additional time spent in traveling upon an easy path around a hill, when it saves him the toilsome labor of the steep ascent directly over it.

But the action of the womb is not *necessarily*, even, diminished by the skillful use of chloroform. I have seen it continue so violent, even when the patient was entirely insensible to pain, as to cause the bedstead to tremble at each contraction. In a case referred to in this paper, the contraction was almost unremitting and powerful, as if produced by ergot. Nor is this incredible, when we remember that the womb has its nervous supply, and, therefore, motive power, principally from the sympathetic system, which may still remain intact, while the functions of the sensorial nerves are, for the time, in complete abeyance.

Another objection to the use of chloroform is, that it so masks the case that we cannot see the indications for the proper homœopathic remedy. This objection, it appears to me, arises from the confounding of a physiological process with a case of disease. Parturition may be associated with diseased action, but not necessarily so. If the patient be in a diseased condition, this ought to be treated previously to confinement. If delayed till that period, I fear treatment will mostly come too late. The sufferings, however, for which we advise chloroform are generally not those of disease, but such as arise in the course of a physiological process, some at least from a purely mechanical cause, such as pressure, distension of soft tissues and the like. Others are inexplicable, not the result of disease, but in accordance with an original law of woman's organic nature. Such can perhaps be effectually relieved but in one of two ways, namely, either by removing the cause or by rendering the sentient

nerves insensible to its impression. Chloroform does the latter, and if the patient be freed from suffering she needs, for the present, no further treatment.

But the child shares also in the commiseration of the opponents of chloroform. It is, according to their testimony, not unfrequently stillborn. Those who use chloroform freely do not, however, meet with confirmation of this. I can most positively assert that I have met with but one case of stillbirth when I had used this anæsthetic, except when there was the most abundant reason to believe the fœtus had been some time dead before labor set in. The case referred to was that of a primipara of very nervous temperament, and whose uterine action toward the close of labor, notwithstanding she was fully under the influence of the anæsthetic, was powerful and almost uninterrupted, resembling that usually produced by large doses of ergot, and so continued until the child was born completely dead. I attributed its death to continued pressure, perhaps of the cord, or it may have been owing to premature detachment of the placenta, which was certainly detached during the process of labor. The patient complained of severe headache when I first entered the room. I gave her coffea, apparently with relief. Her pains soon became intense and she begged for chloroform, which I gave her, and which probably saved her from convulsions during labor. The next afternoon I again found her suffering from very severe headache and about 9 P.M. she passed into the most fearful convulsions I had ever witnessed, the paroxysms recurring about every twenty minutes. She, however, completely recovered through the use of veratrum vir., the paroxysms being to some extent held in check by the inhalation of chloroform. If this was an instance of stillbirth from chloroform, it is the only one I have had, and if so, I am at a loss to account wherefore I have not had more. I can hardly avoid the belief that

the womb in this case, in the latter stage of labor, partook of the convulsive action which afterwards controlled the whole organism.

It must be admitted, however, that when the patient is deeply anæsthetized for some time, the child frequently does not cry *immediately* after it is born. If such is to be regarded as a stillbirth, the accident no doubt is of frequent occurrence. In such cases, however, there is no cause for uneasiness or alarm. A little water sprinkled from the ends of the fingers on the child's face soon evokes the customary cry. Even this generally is unnecessary.

We are next to speak of the particular circumstances demanding the employment of chloroform and its advantages when so employed.

As introductory to this part of our subject we would premise that chloroform is unnecessary when labor advances favorably, when the circumstances are normal the patient suffers little pain, or, at least, not more than her courage and firmness enable her easily to endure. Again, there are some women who have an insuperable dread of passing into a state of unconsciousness or any condition approaching it, and therefore strongly object to the use of an anæsthetic. In such cases it is best not to insist upon the employment of chloroform unless we are fully assured that the safety of the patient or her offspring demands its use. The depressing effects of fear may be considered an element of danger. Such patients, when they experience the usual premonitory sensations that occur before passing into a state of unconsciousness, often start up in alarm under the apprehension that they are dying. Here the fright may be productive of injury if not the chloroform. Again, it is better not to insist on the patient taking chloroform if her near relatives present are strongly opposed to the measure. If given under such circumstances, and any accident happen in the

course of labor or the puerperal state, its occurrence is sure to be imputed to the chloroform, however absurd such an imputation may be.

Chloroform will be found *very generally* useful in primiparous labors. Such are mostly attended with much pain, and often excessive erethism of the nervous system. The tissues, as yet unaccustomed to distension, yield with great reluctance, accompanied often by extreme suffering. The patient, ignorant of the usual course of labor, often becomes anxious and alarmed. Her mental emotions sometimes seriously interfere with the process. If dilatation of the os be tedious and painful, as it often is, she starts at the outset of each contraction, and thus baffles Nature's efforts and defeats her purposes. If under these circumstances chloroform be judiciously administered, it soon effects a marvelous change. The restlessness and jactitation settle down into calm repose, the quick, irritated pulse becomes normal, or nearly so, the dryness and feverish heat of skin give place to moisture. The os uteri, before rigidly contracted, becomes relaxed and dilates. The *internal* surface, before hot and dry, becomes normal in temperature, and lubricated with an abundant secretion, and labor, under this improved condition, often advances more in a single hour than it had done in many hours before. We, ourselves, have often witnessed such a change, and we therefore *know* whereof we affirm.

When delay and suffering in any case are attributable to rigidity or spasmodic stricture of the os uteri, chloroform will be found to be of the greatest utility. As before intimated, it is one of the very best agents for relaxing the rigid os, while at the same time it annuls the often intense suffering accompanying that condition, and which tends to prolong it. Where spasmodic stricture exists chloroform alone will usually be found efficient, but may sometimes require to be preceded by morphia. The

latter itself is an excellent remedy, but the effect is still more certain if its administration be followed by chloroform.

When delay and extreme suffering arise from a slight disproportion of the diameters of the foetal head to those of the pelvis, chloroform admirably fulfills every indication. It allays or annuls the suffering of the patient, it quiets her jactitation, removes her apprehensions and impatience, which often give rise to importunity for aid before the opportune moment for furnishing it has arrived. By means of chloroform time is given for the gradual moulding of the head, and its steady, though it may be slow, descent, until it has come within safe reach of the forceps even in moderately skillful hands. In short, in any case characterized by intense suffering, and wherein there are not manifest contra-indications, chloroform finds a place.

In the more important obstetric operations chloroform will be found a most valuable auxiliary. Take, for instance, the employment of the forceps. Most women have a painful dread of the operation, and when performed without an anæsthetic it is often attended with extreme suffering. But if the patient have been inhaling chloroform for some time before its necessity is decided upon, which is mostly the case when the practitioner is favorable to the use of that agent at all, she is entirely spared the suffering from apprehension. She is unconsciously placed in position, the blades introduced and extraction effected without her consciousness of the procedure at all. The first effectual call to a knowledge of her condition, and of what has happened, is perhaps the cry of her new-born child. The operation, too, is thus greatly facilitated to the operator, for if things be well managed there is little or no resistance on the part of the patient to his efforts. For the same reason her own risk of danger is greatly diminished.

Another advantage upon which not much stress has been laid, but which I think an important one, is that the operation, being painless, is not dwelt upon in the patient's mind by way of foreboding in future pregnancies.

In version, especially podalic, chloroform is an invaluable agent. While the membranes are intact and the child can be turned in the waters, the operation need not be very painful; under the opposite circumstances it is extremely so. We are not unfrequently called to cases of shoulder presentation, arm prolapsed and waters completely drained off, or as nearly so as the obstruction will admit. We are likely to find the presentation so crowded down, and the womb so tightly embracing the child that the hand cannot be insinuated without extreme violence, or if introduced, so forcibly compressed as to render it powerless. Here we are nearly at our wit's end, but let us, by means of chloroform, induce *deep anaesthesia*, and through its relaxing effects, ten to one, we shall be able to accomplish our purposes with comparative ease. We should be on our guard, however, not to empty the womb too suddenly under these peculiar circumstances. I speak here from experience, having more than once met with cases confirmatory of the statements I have made.

But thirdly, to bring our paper to a close, we are to describe the method of administering chloroform so as best to secure the beneficial results claimed for its employment.

Allow me in the first place to say that before giving chloroform we should minutely inquire into the condition of the patient's present and previous health, if not already known, examine her pulse, action of the heart, function of the kidneys, etc. When anything specially abnormal is found in any of these, if given at all chloroform should be given with caution. In proposing this

advice, it is not so much that we apprehend any very serious risk in a slight abnormality in any of these conditions or functions, but for the sake of keeping upon the safe side, when this can be done, not only from actual danger, but from *imputation*. Here, as elsewhere, caution is the parent of safety, and it is only the *careful* and *skillful* administration of chloroform for which we claim immunity from danger. But in labor, it is believed by some even these abnormal conditions may be generally disregarded without serious risk. "I think it may be given," writes Dr. Ringer, "to all persons irrespective of their condition, having myself given it, without any threatening symptoms, in serious heart disease, in every stage of phthisis, in Bright's disease, cancer, chronic bronchitis, to patients almost dead from loss of blood, to children of a few weeks and to persons close upon a hundred years old. No doubt a dilated or fatty heart adds to the patient's risk and enforces on the operator more care and anxiety." These remarks of Dr. Ringer are intended to apply to the general administration of chloroform, and *if correct* in that application, would be found a *fortiori* correct when restricted to parturition.

If in any case the action of the heart be found feeble or in any degree embarrassed, if it still be deemed *necessary* for special reasons to use chloroform, a little brandy or diluted alcohol should be given the patient before the inhalation is begun, or some *pure* alcohol may be mixed with the anæsthetic, still shaking the bottle before a fresh portion is poured upon the handkerchief. In such case, too, it will be well to have at hand a small vial of nitrite of amyl, four or five drops of which may be hastily poured upon a napkin and held near the patient's nose in case material failure of the heart's action should occur or serious embarrassment of respiration.

As to the proper time for commencing the administra-

tion of chloroform, we would also premise that the exigencies of the case should determine this, independent of any *ipse dixit*, or even any "it is agreed." In many cases it is best not to begin till the expulsive pains have set in. But to this there are many exceptions. When there is extreme suffering in the early stage of labor from any cause whatever that cannot be otherwise obviated, great nervousness and restless jactitation, chloroform given even then will commonly afford relief. If the pains have risen to great intensity before the anæsthetic is given, the result is commonly far less satisfactory than is usually attained from an earlier administration. The patient is apt to carry the remembrance of her sufferings throughout the labor as an unpleasant dream. The strongest objection to the early commencement is the probability of the necessity of long continuance. But even this is a circumstance, though attended with inconvenience, yet within reasonable bounds, devoid of danger. I know not how long a patient may be kept continually under the influence of chloroform without risk from mere extension of time. Ten hours was the greatest length within my own experience, but I believe some have exceeded this. I would not, however, advise recklessness in this matter. "Chloroform insensibility," according to Dr. Ringer, already quoted, "may, with care, be maintained for hours and even days."

Some have very positively interdicted the employment of an anæsthetic during what they term the third stage of labor, more simply expressed, delivery of the after-birth. When detachment has taken place the lingering insensibility that remains from the previous administration is quite sufficient. But when a painful operation is necessary, I uniformly renew the inhalation and thus far without the slightest unpleasant effects, on the contrary, to the great relief and comfort of the patient.

When we are about to commence the administration of chloroform we should first secure perfect quiet in the chamber, endeavor to calm the patient's apprehensions, if she have any, gain her confidence by assuring her that she may expect relief from her sufferings without incurring any appreciable risk, and that we will take care that all her interests are carefully regarded. We should see that she has not taken food *very lately*, loosen her clothes and place her in position to secure free respiration. If she be still capable of passing her water, we had better advise and give her opportunity to do so, if not, and we have reason to suspect any accumulation, we should use the catheter. Before beginning the inhalation, it is best to anoint the nose and lips with thick, sweet cream, olive oil or fresh butter.

Having arranged these and other necessary preliminaries, we take a linen handkerchief, folded to about the size of the palm of the hand, lay it thus upon the palmar surface of the left hand, holding a bottle of chloroform in the right, the cork withdrawn, we bring the handkerchief over its open mouth, tilt the bottle quickly, so as to impart to the folds perhaps a drachm of chloroform. This is quickly brought within about two inches of the patient's nose, and, when at all practicable, rather above than below it. If no irritation or coughing follow, the handkerchief is approached nearer and nearer, but never closer than the end of the nose, so as to allow free admission of lateral currents of pure air. Whatever danger there may be is dependent upon the concentration of the vapor, four or five per cent. being regarded as the point of greatest safety. This operation is repeated again and again, until the patient is manifestly under the influence of the chloroform—appears to be asleep, perhaps slightly snores. When this condition is secured, the chloroform should be applied only upon the first indication of approaching contractions or pains, and if there be evidence

of insensibility, not *always* even then. Close attention should be given to the condition of the patient, the object being simply to secure her freedom from suffering. As labor advances and the "pains" become stronger, we may somewhat deepen the effect, especially in primiparæ, with whom the last throe, if unmitigated, is commonly one of extreme agony. I prefer that such should be able to tell me afterwards, with complacent countenance, "I did not know when the baby was born." This effect may, I think, always be secured by judicious management, and yet nobody hurt. When I fall short of it, I am at least not *satisfied* with the result.

We meet with a few cases where the patient is so restless, or upon the accession of every contraction, sets up a scream, with such violent expiration that the inhalation of the chloroform is prevented, and of course the effect almost null. These cases may be remedied by giving a dose of morphia regulated according to circumstances and then *carefully* administering the chloroform afterwards. It has been asserted that insensibility to pain may thus be secured, while at least semi-consciousness is retained. I have not found it so, but on the other hand a profounder narcosis with me has been the result. This, I think, has also been the experience of the eminent physiologist, C. Bernard.

I have never used any form of the so called "inhalers" in midwifery practice. Anything I have seen recommended of this kind I have thought unsuited to the occasional restlessness of patients. I prefer, too, the handkerchief folded in the simple manner above indicated as more manageable and consequently safer than any other contrivance. When rolled into a hollow cone, and the chloroform thrown in at the base, there is no certainty as to the quantity nor as to the spot where it may alight within the cone. Of course this circumstance will create uncertainty as to the concentration of the dose, and upon

this, as I have said, depends in a great measure the risk, if any there be.

The quantity of chloroform indicated above can of course be varied according to the exigencies of the case. Some require more, some less. It is the effect we should have in view in the first place, then the quantity *necessary* to produce it. We meet with a case occasionally, which, under the best we can do, seems to experience but partial relief. Such, I think, would probably be remedied by previously giving morphia, but I have not, in such cases, tried it up to the present time. I have little doubt that much might be effected by commencing the inhalation early before the pains become intense.

Asking pardon for so long engaging the reader's attention, at least occupying so much space, perhaps to the exclusion of much valuable matter, I commend this subject to the candid consideration of all who may do me the honor to read what I have written, especially my younger brethren just entering upon practice in the humane department of our profession, to which this article refers. I rejoice to know that the use of chloroform in midwifery is steadily gaining ground, and hope it may continue to do so till it, or some better agent, I care not what, at no distant day wipes out woman's bitter curse.

GREGG ON DIPHTHERIA AND BACTERIA.

BY P. P. WELLS, M.D., BROOKLYN N. Y.

Hypothesis has been a great barrier in the way of medical progress, if not the greatest with which it has had to contend in all its history. It has always been easier to imagine how a matter may be, or may have been, than to find out how it is, or was, by careful collation and examination of facts, and from these to construct a whole of truth based on this only sure foundation. And then

it would seem to be so easy, having wrought out the imagination into a seeming of reality, to mistake it for this, and to proceed to reason and act upon it as if there could be no mistake about it. And further, that a protracted contemplation of the figment so blinds the mind of the inventor that all who do not readily accept his alleged discoveries are by him consigned to dwell with the hopelessly stupid, or incorrigibly obstinate. The figment becomes, perhaps on the principle of love of offspring, a fact to its author, and the essential difference between fact and fancy becomes to him, so far as his pet is concerned, a matter beyond his grasp. It is a fact, perfectly notorious, that medical history has come down to us composed almost wholly of a succession of theories, each giving place to a successor, to be referred to the limbo of the false and the useless, and so on, till now that vast receptacle well nigh contains them all. And after all this, continued through all these centuries, each hypothesis giving place to another equally as false as itself, the medical world has not lost its love of theory—it has grown but little wiser. It has not learned, as it should and might, long ago, that fact and fact alone is that which can bring to us increase of knowledge of the least practical value.

These thoughts have been suggested by reading a pamphlet of a few pages entitled "Diphtheria and Bacteria," by Rollin R. Gregg, M.D., of Buffalo, N. Y., which seems to have been born so largely of the imagination of its author as to serve well for the occasion of a protest against a continuance of the history of the old rehash, in this particular, in the life and literature of the new. It has been our fortune to be present in many medical organizations where diphtheria has been discussed by many doctors, and on leaving each, the one reflection has come—how little these discussions have added to one's positive knowledge of the disease or its cure. This has been true of each of them. This was a matter of course when the whole, or nearly the whole, was made up by each doctor telling what he had done in treating cases which had been subjects of his care. There was a certain interest in this. It is well enough to know what one's neighbors have been doing. But in all these discussions it is not now remembered that any one of these

many doctors told why he did what he did. I have no recollection of any one showing that the agents he employed in treating his cases, were in their action on the living organism more like the phenomena of their cases than any others, or that they were like at all. And yet these organizations were all called *Homœopathic*. They had given this, that, and the other, because they had read, or were told, it would cure this troublesome and dangerous plague. And yet they were made to know in the sequel it did not cure.

The difference between these and the writer of the pamphlet before us is considerable. These told what they *did* with and for the disease. Dr. G. tells us what the disease *is*. Or at least he tells us what he thinks it is. And in doing this he has so fallen into the sin of the old school of giving fancy for fact, that, but that we know his belongings, we should not think of questioning his orthodoxy as judged by the leading ones of that school. Equal to any of them, even the oldest, he tells what is, as though it were a fact he had proved, leaving his readers in ignorance of the steps which have brought him to his conclusion. If the reader accepts this, it must be on the authority of the writer, and not because of any facts which accompany it. Now, whatever of ingenuity may be conceded to Dr. G., and we would grant him much, we are constrained to think it not unreasonable to demand something in the way of proof of the soundness of his theorizing, for this is what his pamphlet is, before it can be accepted as adding to the sum of our knowledge of this most interesting and important subject.

This is what the Doctor says: "In the first place, then, * * * * the fact should be borne distinctly in mind that the characteristic exudations of diphtheria, * * * * are wholly or principally fibrinous. Ortel, Virchow, and all other prominent writers upon the subject, assert such to be the case." Then, having given the mode of action of fibrin in forming clot, he proceeds to assert "that fibrin is always in excess in the blood in diphtheria." How does he know this? So far as the pamphlet goes, this stands wholly on the *ipse dixit* of Dr. G. This may be just as he says, but he has given no proof of the fact. But he declares further, that this ex-

cess is a fact in "all other inflammatory diseases." That excess of fibrin is "always a source of more or less danger * * * in pleuritis, peritonitis, etc." How does he know this? Is it not as reasonable to suppose that the danger in these inflammations of serous tissues is as much from the fact, that whereas in their normal state they separate from the blood only so much of its serum as is needed in the discharge of their functions, now, in the changed action of these membranes, in their diseased condition, they eliminate another element, fibrin, as to charge this increase of danger to *excess of this element in the blood?* If fibrin be in excess, for which we have only the Doctor's word, he has failed to connect danger with this fact, except so far as he has attempted to make it responsible for embolism which may give much trouble, no doubt, if present, and the Doctor says that in consequence of this "a goodly number of diphtheritic patients perish." This may be so, but it is certainly true we have never met with *one*. The Doctor gives us no signs by which he has decided that death has been adjudged by him to have resulted from this cause, and therefore we are left wholly without the means of judging as to the accuracy of his decision. Neither in a rather long practice have we known inflammation of the pleura or peritoneum to terminate fatally from this cause, which is certainly a little remarkable, if these obstructions are the result of this excess, and this excess is present in *every* case of these diseases as well as in diphtheria. We have no recollection of any fatal case of either of these diseases, which any amount of ingenuity, aided by the notion of this excess and its possible consequent embolism, could have dragged into the category of deaths by thrombosis. This being the fact, it would be difficult to avoid the conclusion, either that the alleged excess is much less common than the Doctor represents, or that it is much less important than he supposes.

Having declared the invariable presence of excess of fibrin in every case of diphtheria, and having told how this excess in the circulation is disposed to roll itself into clots, and how these clots by becoming plugs in the larger or smaller arteries are a source of great danger to the patient (he would seem to regard it as a principal

one), the Doctor has prepared the way for his grand idea, that, indeed, for which it would seem his paper was written. The patient having to struggle with this excess, and its tendency to roll itself into clots, "*Nature*" being "*conservative and preservative of life under all circumstances where she possibly can be. Hence, as fibrin is always in excess in the blood in diphtheria, and as all heart clots and all false membranes of the disease are of fibrin, and the former, or heart clots, are so extremely dangerous, there can be no question that the exudation and formation of all the membranes of the disease are the result of nature, or the preservative forces of life, stepping in and expelling the excess of fibrin from the blood to prevent its accumulation in the circulation to such an extent as to form coagula there that are so fatal.*"

There it is, and put in plain English, it amounts to just this. The awful membrane in diphtheria, which has been and is the terror of so many worthy doctors, is wholly a beneficent arrangement of nature to protect the heart and arteries from embolism. It is well that this is known at last, for, if true, it may save some of us, who did not know it before, from painful fears and anxieties hereafter, those of us, we mean, who have been accustomed to estimate the danger of our cases as in some degree disclosed by the greater or less extent of exuded membrane. This is all wrong. It is only a beneficent arrangement of nature to get rid of excess of fibrin in the blood vessels, and this in the interest of heart protection from thrombosis. Hereafter we may know that this object of our great fears is only a "conservative" resort of nature, and "not a lion at all, ladies and gentlemen, but only Snub the joiner." If you ask how are we to know this? we can only reply, Dr. G. has said it, and we know no other reason for believing it.

We have said, if this grand idea of Dr. G. is true, we may dismiss our fears of the membrane hereafter. But is it true? Is the exudation of this, our great dread, beneficent and not a danger after all? If this be true, then one of the most obvious evidences of this beneficent intent and tendency, and one for which we should first look, and most readily recognize, would be a relief to the patient, beginning with the deposit and proportioned

always, to the extent of this. Has any man seen such relief, so beginning and so progressing, becoming greater and greater as the membrane was more and more extended? Has not the experience been, rather, that the danger has been in proportion to the extent of the exudation, than that this, by increase, has brought relief in any degree? The idea that "*nature*," here, "*steps in*," with beneficent intent, is certainly an interesting one, but its practical value is materially diminished by the fact that this most excellent lady sometimes "*steps in*" too far. She seemingly does not know when to stop. She "*means well, but don't know*." This is eminently true of those cases where the exudation extends to the respiratory tubes and air cells. The certain fatality of cases where the pulmonary tissue is so invaded, would seem to intimate that "*nature*" did not know where to put this alleged excess which we have been told is so important a factor in the item of danger in this formidable disease. In filling the air cells with this excess, she certainly made a bad use of it, if, indeed, she did not make a consummate blunder.

Then the Doctor gives as instances of the danger from excess of fibrin in the blood, pleuritis and peritonitis. Does he also claim that the deposit of fibrin in these diseases, on the serous surfaces involved, is a beneficent fact? Does he not know that the danger in these diseases is generally thought to be enhanced by the increase of the deposit, and to be in no small degree determined by the extent of this: *i. e.*, the greater the exudation, the greater the danger? Here, again, Nature often "*steps in*" too far, or rather, here the Doctor's theory of her beneficent action fails as completely, as an intelligent observation of the facts will show, that it does in diphtheria. This is a pity, for if true it might save many of us many a heart ache.

Again, having shown how benevolent and beneficent the deposit of this exudation is, which so pleasantly and safely relieves us of our apprehensions of excess of fibrin in the blood, he proceeds to assure us that were not this excess "*expelled from the circulation, every*" (the italics are the author's) case of diphtheria would prove fatal, etc., and this "*in a few days*" by reason of "*the formation of large coagula in the heart, * * **" or

small ones that would lead to incurable inflammations, and cause death in that way." He also says death is prevented in pleuritis and peritonitis by this same resort *i. e.*, by exudation of the fibrin on these serous surfaces. The first remark we have to make on this assurance as to diphtheria, is, we do not believe it, and for this reason. There are cases met in most epidemics of this disease, showing all its symptoms except the one of exudation, and followed sometimes with its troublesome sequellæ, notably that of paralysis, and though there has been no deposit of membrane, the patients have not died. And more than this, there has been no apparent increase of danger from the absence of the usual exudation. Therefore, we do not believe this assertion. We do not believe it because we know it is not true in these cases. And we do not believe it in the case of serous inflammations, because in a practical experience of more than forty-seven years, in which we have treated our share of such cases, we cannot recall one fact which in the least confirms the truth of it. And then the Doctor invokes a treatment of this disease "more in accordance with these incontrovertible facts than it has been in the past." If by this he meant a treatment which shall increase the extent and amount of the membrane, and we cannot see what else he can mean, we can only say in reply—God forbid! The Doctor gives us no hint as to what this treatment shall be, or what the means he would have employed to accomplish this great disaster.

Having disposed of *all* such cases of these inflammations, as are not relieved of this excess of fibrin, by exudation, or otherwise, and satisfactorily given them over to a necessary fatal termination, he tells of bacteria, at least he tells what he thinks of what others have found by the use of the microscope, in connection with this and some other diseases, and which they have called bacteria. Dr. G. has found out, or he is mistaken, that these, heretofore supposed little living organisms are only *fibrin*! He assures us "there is not the slightest proof to show that these bodies are vegetable parasites, or organisms." We never attached much importance to the presence of these bodies in the secretions or on the surfaces of the sick, and none at all to them as a cause of which diphtheria was the effect. But when the Dr. says "there is

not the slightest proof," etc., he is certainly mistaken. There has been and is very substantial and respectable testimony to the veritable existence of these organisms in diphtheria. When their presence and importance were discussed in the World's Homœopathic Convention, in 1876, I remember a representative to that convention from Germany, a professor in an institution in his own country, his duties as teacher compelling his use of the microscope, and familiarity with the subjects of its revelations, declared that he had seen them and *knew what he saw*. He was a man of remarkable acuteness and clear in his statement of facts, and I have no doubt truthful. It is more than likely he was quite familiar with the modes and actions of fibrin while gathering into a clot, as it is some time since this ceased to be a novelty. And yet, he says of the bacteria "I have seen them, and I know." The case being so, we are compelled to believe in the existence of the little organisms, though Dr. G. knows of no proof of their existence. We have never seen them, but the Herr Professor saw them, and was abundantly competent to testify as to what he saw.

There are two assertions in this pamphlet, resting, so far as it is concerned, wholly on the *ipsi dixit* of Dr. G., and these contain all there is in it which is new. 1st. That there is an excess of fibrin in the blood in all cases of diphtheria. 2d. That the exudation of this in the form of membrane, in diphtheria, is a beneficent fact, because, but for this there would certainly be cardiac thrombosis in every case of the disease, with certain death as the result. It is a sufficient remark on this first assertion, for, so far as this pamphlet is concerned, this is all there is of it, that if the fact be admitted of this universal excess, for the sake of the argument, this is not the only nor the most important factor the prescriber has to meet and deal with in solving the problem of the similitum for his case. The tendency to rapid dissolution of both solids and fluids in the severe forms of the disease, is a fact before which this alleged excess becomes of very small importance. The second assertion, that of the beneficent character of the membrane in diphtheria has had from us all the consideration it merits, if not more. We will add only our belief that the judgment of the best practical minds of our school will fully confirm

our own convictions that this is but a figment of Dr. G.'s imagination, pure and simple. That it is just this, and nothing more.

If the above are just judgments as to the value of these assertions, then the question arises immediately as to their *raison d' être*—why in print? We can see no other or better answer to this than the supposition that the Doctor really thought he had made a great discovery in this beneficent imagination, and that pride of paternity so completely blinded him as to its true character as to render him wholly insensible to the difference between fact and fiction.

In the pamphlet before us, its reader is referred for a knowledge of "the cause of fibrin being brought into excess in the blood," * * * and "the question of treatment, * * *" to my late published work on the subject." So it appears that this hypothesis and its no less hypothetical consequences were intentionally left resting on the author's sole and unsustained *dictum*. Practically it was as well to leave it so as any other way. Of treatment he says nothing here, except to acknowledge it "the more practical part of the subject."

This is not only true, but more than this, it is the only practical part of the subject till it has been shown how the hypotheses of this pamphlet can be made to affect favorably the treatment of this formidable disease. If the object of these eight pages were to call attention to "my late published work on this subject," with a view to enhancing its sale, then its motive is clear enough, and hypotheses and treatment being by it left where they are, it is difficult to conceive for it any other.

Now, as to the homœopathic treatment of diphtheria, we have said, in the many discussions of this we have heard in homœopathic bodies, by homœopathic physicians, they have been almost exclusively made up of statements of what individuals had done for the cure of the cases they had to care for. And it is not a little remarkable, when we remember all these physicians professed to be guided and controlled in their prescriptions by one law of therapeutics, that hardly any two of them had done the same thing, and that few of them seemed to have had a better foundation for what they had done

than this. They had been told, or had read, that this, that, or the other was *the* cure for diphtheria, and they made haste to give it. We say this is not a little remarkable, if we remember they all had the same law for their guide, if they would but give heed to it, and that this they believe, or profess to believe, is equal to all their needs in other cases. Yet in this of diphtheria, each has made greater haste than the other to cast the law behind their backs—though just here they needed its guidance more, far more than elsewhere. It is as though before this fatal malady they had been so seized with panic as to forget the universality of the law of cure they had professed faith in, and had been ready to do anything recommended by anybody rather than to proceed according to the requirements of the law to analyze their cases and find for them their required simillimum. Why should this be, unless it be shown first that this disease stands an exception to the universal relationship existing between all other diseases and their curatives found, and found only in the similar facts of the diseased and drug action? We submit that this disease is no exception, and shows none in its relationship to law, or in its response to impressions of similar curative agencies. It stands before the law and the prescriber just like any other disease he may be called to treat. And further, that it responds to its curative like any other. This is proved in the history of an epidemic of uncommon severity, which prevailed in a neighboring city a few years ago. The fatal cases under allopathic treatment were more than fifty per cent. of all so treated, while under the average of homœopathic treatment, so called, the loss was but sixteen per cent., and in the same epidemic, three physicians treated over 240 cases without a single death. When told of this successful practice, the result seemed so extraordinary as to be incredible. Two of these physicians were personal friends of the writer, and the first time he saw one of them, after hearing of the remarkable fact, (*Hering*) he asked his friend if this were true. It was a surprise to hear him say it was. He confirmed the statement fully, and added, these were genuine cases of fully developed diphtheria, treated by us, and does not include the multitude of sore throats which we treated,

which lacked the characteristics of diphtheria. We asked how was this? What did you do? He replied: We analyzed *every case*, and gave the required similar remedy when we had found it, and left it do its work.* And here was the whole secret of it. This epidemic prevailed soon after it was proclaimed that the *protoiodide of Mercury* had been found to be *the specific* for this disease, a claim for this drug which many have not yet learned is far beyond its merits. It is hardly unreasonable to suppose that as the claim was then new, and generally hopelessly believed in, that these sixteen per cent. cases all had the drug, and then died—and homœopathy failed in each case. Not so; as appears from this statement of Hering. When asked what remedies they found most frequently called for, he replied: “Mercury almost never in any form, and least of all the protoiodide. Here was how the success came. These were not the men to abandon law and run after a new thing, because somebody had said it would cure. They kept to the law, and the result justified them and the law. They ran after no will-o-the-wisp of an hypothesis because it happened to be an ingenious one, in this, as well as in their loyalty to the law, giving an example worthy of the following of all who love truth more than fiction or novelty, and a promise of success to all who will go and do likewise, which it is submitted no other course of proceeding can excel or equal. That diphtheria stands before the law, when a subject for medical treatment, just like any other disease, and responds to the impress of its simillimum just like other diseases, is shown in the case treated by the writer, the patient being our late honored and loved colleague, Dr. Carroll Dunham. He was attacked at his home in Newburgh, N. Y., and was brought by steamer to Brooklyn, for treatment by the writer. He was found in extreme prostration, with hot skin and rapid pulse, throat red and swollen, with patches of whitish grey exudation on tonsils and fauces, swallowing extremely painful and difficult, drowsiness so great he could not be kept awake more than a few minutes. He fell asleep almost

*The two physicians who, with the late Dr. Hering, achieved this, we believe unexampled success in curing this disease in its malignant epidemic form, were Dr. Reichhelm, and Dr. Ad. Lippe.

as soon as he had ceased trying to speak, and in three or four minutes he would wake with a sigh and say, "How much better I feel," and sleep again almost immediately. This, *feeling better after sleeping*, was the first symptom we investigated, and found it only in a marked degree credited to a drug we had never heard recommended for diphtheria, and in our own mind had never been associated with it as a possible curative. We did not accept it for this reason, but proceeded to look for the drug which had most of the other symptoms, *i. e.*, those which were peculiar to the case, which now, after so long time, I cannot recall, and was greatly surprised to find them one after another range themselves under this same drug. When this was ascertained there was no longer hesitation in giving it, though I did not know then it had been given in any case of this disease before. As it turned out, this made not the slightest difference in the result. In 12 hours all the most painful symptoms had disappeared with much of the extreme exhaustion, exudation and fever. There was only some redness and swelling in the throat remaining, for which, after careful examination, he got a single dose of another remedy, and this completed the cure considerably inside of 48 hours. This severe case, for it was severe, judged by the sufferings of the patient, or by his constitutional manifestations, was perfectly cured in this time with only two doses of medicine, and one of them a supposed stranger to the disease. It teaches the mastery of the simillimum even here, and further, that having given this there need be no nervous anxiety to repeat doses or to add to it other drugs, and more than this, that no hypothesis, however ingenious, can add to the curing power of the specific, whether this has ever been given to a similar case or not.

—CHIAN TURPENTINE.—The Medical Committee of the Middlesex Hospital have passed a resolution to the effect that as the result of prolonged and careful trial with chian turpentine in the treatment of cancer, the drug has proved utterly worthless. The conclusion is in harmony with general experience elsewhere.

—*Med. Record.*

REVIEWS AND NOTICES OF BOOKS.

—IS CONSUMPTION CONTAGIOUS?—Dr. Herbert C. Clapp, of Boston, asks the question, and answers it affirmatively. His little book of 178 pages presents an interesting and important question, and one which intimately concerns us all, not alone as physicians, but as parents, perhaps, or possibly patients. Considering the enormous loss of life annually due to this dread scourge, it is singular how little attention it excites. How seldom the manner of its propagation and the method of its cure are seriously considered. If the same number of persons were to die yearly of small-pox or diphtheria, as now die of consumption, we should be alive to the fact of our great danger, and would probably find the master minds of the profession turned with one accord to devise a method of stamping out the plague. As it is, we apathetically accept the situation as unavoidable. We shall refrain from any criticism of the Doctor's haste in assuring his readers that he has no desire to create a *sensation* or gratify a gaping curiosity, for we sincerely wish a "sensation" might be created in regard to this vital subject.

The book is compiled in seven chapters, wherein are defined the terms consumption and contagion, as the Doctor understands and uses them; a historical and descriptive section; contagion among cattle; reports of illustrative cases and deductions from this evidence; the question of transmissibility by food and by inoculation. The contagiousness of tuberculous disease among cattle seems from the evidence, to be beyond question; that this disease is identical with the corresponding disease in man is probable, but not quite so clear. The evidence also seems to conclusively prove that tubercular matter can be inoculated so as to reproduce itself, while its transmissibility by means of food if not proved, is most forcibly suggested. While there is no doubt as to the contagiousness of such a disease as diphtheria, for instance, we must expect the transmissibility of consumption by contact with the sick to be long a subject of discussion, and negative evidence of a certain kind does, and properly should, have a certain amount of credence. If a hundred people are exposed to a supposed contagion, and but one afterwards presents symptoms which might be referred to that contagion, we are naturally led to think that possibly there was some other cause for the sickness in the one case. Whether consumption be contagious or not, in the general acceptance of the term, there is no possible question but that the eating of diseased meat and the use of milk from sick cows is a perilous proceeding. It is equally certain that to trust the entire matter to the honesty and intelligence of the butcher and the milkman, shows a degree of carelessness that is simply criminal.

MINOR SURGICAL GYNECOLOGY; A MANUAL OF UTERINE DIAGNOSIS AND THE LESSER TECHNICALITIES OF GYNECOLOGICAL PRACTICE, FOR THE USE OF THE ADVANCED STUDENT AND GENERAL PRACTITIONER. By Paul F. Mundé, M.D., with 300 illustrations. Wm. Wood & Co., pp. 381 (vol. xii of Wood's Library for 1880).

We have perused this book carefully and find in it comparatively few points that are faulty. It presents a systematic and careful consideration of the matters within its scope, which are treated of with a minuteness of detail and a thoroughness which will commend the book to the physician in particular.

There are a few things that are objectionable in our view; one of the most remarkable of these is one of the modes of applying the massage. That the massage is valuable we firmly believe, but that it should ever be seriously contemplated to apply this method of treatment to the female vagina is almost beyond belief.

The description quoted by Mundé from A. Reeves Jackson can be found on pages 370 and 371. The genital organs of a woman who could quietly endure such manipulation must be torpid indeed.

We incline to the opinion that some husbands would be for arguing the point as to the real necessity for the massage of the cervix and roof of the vagina, carried on by two fingers of the physician, supplemented by the other hand in motion and support over the lower part of the abdominal wall.

Mundé refers to the "danger of mentally and erotically exciting the patient by the continued manipulation of her sexual organs."

Would this massage be applicable in case of stricture of the pendant part of the urethra in the male, applied by a female physician, where anatomical and pathological knowledge of the case would enable her to undertake the various motions safely and intelligently.

It is easy to imagine that this exercise might have "a future."

There is a very good exposition of the methods of examination; almost all sensible positions are referred to and described. One method, however, which is of worth has been omitted. We refer to that of Huguier of Paris. Its proper sphere comprises many cases where, owing to rigidity of the abdominal walls, or to great accumulation of fat in the abdomen or walls, or to cases of uncontrollable muscular action, the combined method of manual examination cannot be carried out. On account of its value we will describe it briefly from memory. The patient in the dorsal position on a hard, rather low table preferably, with the

head and shoulders elevated sharply and decidedly on hard pillows or cushions. All the clothing having been loosened about the trunk, an assistant standing at the end of the table puts the palms of his hands against the soles of the feet of the patient and rolls her up by pushing the limbs upwards as far as possible by pressure on the feet. The patient is to be doubled up as thoroughly as can be done, and when in this condition the examiner inserts the index of one hand to investigate the corresponding side of the pelvis and then the other index for the opposite side. Two fingers may be used at a time and a still greater depth in the pelvis be reached.

The figures numbered 4, 5 and 6 appear to us to be faulty, inasmuch as they represent the vulva as located too far back. It is true that they are credited to Hagar and Kaltenbach.

The author presents the inevitable array of tables and chairs for the purposes of examination. That a table is indispensable we assume, but we reject the chairs entirely. And we hold that no table will enable the gynecologist to dispense with an assistant. Given an assistant, and the necessity for anything more than a strong table on good rollers, 4 by 2½ feet and 2½ feet high, with a cushioned surface fixed or moveable, we fail to see. The practice of this branch of the healing art simply demands this in the way of a couch.

In referring to the vaginal touch the author says that "in the vast majority of cases the index suffices perfectly." This is certainly an erroneous statement; there is no such thing as a "perfect sufficiency" in the reach of the finger or fingers in the pelvis. There is always a certain pelvic area which no finger reaches. And it is always desirable that this area should be explored. "Supposed short fingers may grow longer," and no doubt they do, but never long enough to do all that can and will be demanded of them. Two fingers in the vagina—that is the index and middle fingers—will certainly pass from one-half inch to an inch deeper than the index alone. As for "confusion of tactile sense of two fingers," it is nonsense for an expert to talk of it.

Dr. Mundé says that the introduction of the finger into the vagina may be resisted by the spasmodic contraction of the constriction of the introitus vaginæ.

Savage says that the vagina has no sphincter excepting the levator ani muscle, and we have never found any other on the subject.

The use of the fingers and hand in examination of the pelvis is described minutely and exhaustively, and we have discovered no omissions here barring previous references.

He pictures a good many specula, but he does full justice to the merits of the Sims. He goes into detail as to the manner of

using the Sims, but some of his directions in regard to the peculiar motions to be imparted to the instrument are not altogether clear. Possibly this cannot be helped. It does appear to be difficult to write out such a description as would enable a tyro to use this speculum with success.

As a matter of fact, with a practical knowledge of the use of the Sims speculum, we find that two physicians interpreted some of his sentences differently.

We are not specially impressed by Dr Mundé's figure of the correct position of the patient for the Sims. It does not appear that the beginner would be much assisted by it. The author certainly could give more information if he figured the patient nude from the waist down.

Several modifications of the Sims', making it self-retaining, are figured; they are practically failures, and are, with scarcely an exception, used only by their inventors. After a physician has become well versed in the use of the Sims' he can invent another for himself if he wishes to do so.

The chapter on the use of the sound and probe is the only really bad one in the book in our opinion. And it is bad because the use of the rigid Simpson's sound is advised rather than the flexible probe of Sim.

All the indications which are given for the use of the sound can be met by the use of the probe, excepting such as entail the rocking or moving of the uterus.

The sound is recognized by all gynæcologists as being the more capable of doing harm, even in the most skillful hands.

Dr. Mundé (93) says that the probe, by its small size and flexibility, will naturally produce less irritation than the sound.

On page 90 the author says that in counselling the frequent introduction of the sound, he is advising a course different from that usually recommended, but he does not give a single good reason for his departure.

He acknowledges the existence of conditions of the uterus, both puerperal and non-puerperal, in which such a pulpy state of the uterine substance exists, that the sound can go through the fundus and its point become palpable behind the anterior abdominal wall, "even in experienced hands," and he asserts that he has introduced the sound in over 5,000 cases and implies that it is still his habit to use the instrument, and also to instruct others in its management. By what kind of ill logic does the author justify this? Nothing appears in his book to warrant it.

He uses it habitually, but he surrounds its use with full limitations. He says that he makes "indispensable conditions for the use of the sound, which will naturally limit its use to those gentlemen whose touch has been sufficiently educated to enable them

to practice gynæcology intelligently." * * "All others should either avoid the specialty or hasten to improve their acquaintance with its rudiments," but how can they learn to use the sound, if they are never to be permitted to use it on account of their ignorance.

The generation of men "with educated touch" will die out in course of time.

Dr. Mundé does not advise its use in every case, but he appears to practice its use in nearly every case, judging from his figures.

This book is written for the benefit of beginners in the art of gynæcology. Dr. Mundé advises the use of the sound in numerous paragraphs, and he forbids its use in page 90, by the particular class for whom the book was intended; "persons not experts in indagations and bi-manual examination, or novices with the sound."

Dr. Mundé (page 92) says that the sound alone can reveal the whereabouts of the body of the uterus in flexions, or the depth of the uterine cavity in large fibro-cysts of the uterus.

This must be a lapsus surely, for this information can be as well obtained by the probe.

On page 97 a cut is given to illustrate the manner of passing the sound in ante flexion, with the angle represented here, the sound cannot be passed into the cavity without changing either the shape or the location of the organ.

A perusal of the directions given for the use of the sound shows plainly that in many cases the sound must make the uterus change either shape or position in order to accommodate itself to the curve of this rigid instrument, and this exploration will simply show that this has been done, but nothing more.

No mention is made of the most valuable of all the sounds. We refer to the Jennison. It is spoken of among the reporters, but it is a much better instrument for diagnostic purposes than for remedial uses.

In our opinion the Simpson sound should be limited to such cases as demand that the uterus be moved to and fro, all other cases should be investigated by the slender probe or by the Jennison's sound.

We have nothing but commendation to offer in regard to the chapter on vaginal injections and their uses. The reservoir syringes and the use of hot water after the manner of Emmet are points with which every physician should be familiar.

The chapter on the tamponade of the vagina describes an excellent method of plugging the vagina, but we do not participate in the author's estimate of its efficiency in uterine hemorrhage, nor do we believe that he can "tampon the vagina so securely that not a drop can escape" by the method given, or by any other.

The article upon the use of pessaries is alone worth the price of a year's subscription to the library. It is the best exposition of the subject that we have yet seen.

Dr. Mundé's book, taken all in all, is excellent. It occupies a new field, and it will be needed by every physician in city or country who proposes to do any work at all in gynæcology. It furnishes exactly the kind of information that is required by the practitioner. It will also become a text book for students.

We congratulate the author upon his success in accomplishing the task which he laid out for himself when he undertook to write this book.

ECCE MEDICUS, OR HAHNEMANN AS A MAN, AND AS A PHYSICIAN AND THE LESSONS OF HIS LIFE, being the First Hahnemannian lecture, in London School of Homœopathy, by J. Compton Burnett, M. D.) London, 1881. A 12-mo., 164 pages, London Homœopathic Publishing Company.

This attractive little book embraces by far the fullest record we have of Hahnemann and his work. Coming from the workshop of a master in literature, we began the reading of it with the expectation of being instructed and pleased, and so captivating did we find its sparkling pages that we finished it before laying it down. We advise all lovers of Hahnemann or homœopathy to obtain and read it.

CATARRHAL DISEASES OF THE NASAL AND RESPIRATORY ORGANS, by G. N. Brigham, M. D., of Grand Rapids, Mich. New York: A. L. Chatterton Publishing Co. 1880. pp. 127.

This is a valuable little book, a book that cannot fail to become popular. There is no space wasted on present or by-gone theories, but every page is crowded with well digested facts. A most judicious selection of remedies is given, with their therapeutic indication stated in a concise and comprehensive manner. A brief repertory is appended, which will be found convenient.

A GUIDE TO THE CLINICAL EXAMINATION OF PATIENTS, AND THE DIAGNOSIS OF DISEASE, by Richard Hagen, M. D., Privatdozent of the University of Leipsic. Translated from the second revised and enlarged edition by G. E. GRAMM, M. D. Philadelphia, Boericke & Tafel, N. Y.

The contents of this book are intended for students before attending clinics, in order to attain an idea of what should be their conduct at the bedside, and the manipulations *secundum artem* there required. This is a valuable little book of 223 pages, well printed upon good paper, and though intended for students, the young physician will find it a convenient book for reference, and well worth his careful attention.

MATERIA MEDICA AND THERAPEUTICS OF THE SKIN, by Henry G. Piffard, A. M., M. D., Professor Dermatology, Medical Department of the University of the City of New York, Surgeon to Charity Hospital, &c. Wm. Wood & Co., New York, Publishers.

This new and original work by Prof. Piffard is a unique and valuable contribution to the department of dermatology as viewed from an eclectic standpoint. The systematic classification of drugs which the author has adopted, together with their indications for pathological conditions, are models of brevity. The list of remedies is large, and embraces many that are new to the profession, and many more heretofore found only in homœopathic works. Part second, consisting of some two hundred and thirty pages, is devoted to therapeutics. Skin diseases are concisely described in alphabetical order, making this part of the book valuable as a work of reference, and a desirable acquisition to the physician's library. Fully appreciating and heartily endorsing all the good things contained in this book, and there are many of them, we cannot recommend it to the homœopathic profession; indeed we should much regret to see it placed in the hands of homœopathic students. Crudities, when presented in the forcible and plausible manner they are in the book before us, are as apt to take root in the plastic mind of the student as are noxious seeds in our flower beds when put there intentionally or otherwise, and with about the same results. Better things are crowded out, and the soil occupied in propagating weeds and errors. We would advise all beginners in our art to avoid mongrelism of every species, under whatever title or by whatever school issued, and to give their undivided attention to the careful study of our *materia medica pura*.

This treatise of Dr. Piffard's we are almost confident will not prove a success. We fully appreciate the vast number of that army in the profession whose precepts and practice are so ably set forth in these pages, but it must be borne in mind that this large majority of the profession are undecided in their professional opinions, they do not know to which school they belong, they are ever shifting their banner to catch each popular breeze, permanently flying no distinct or decided flag, and, alas for author and publisher, buy but few if any books.

REPERTORY TO THE MODALITIES, IN THEIR RELATION TO TEMPERATURE, AIR, WATER, WINDS, WEATHER AND SEASONS, by Samuel Worcester, M. D. 12mo., pp. 160. New York, Boericke & Tafel, 1881.

Dr. Worcester's *Repertory to the Modalities* is a valuable adjunct to the study of the homœopathic *materia medica*, and will

Acquired
 at the University of the City of New York

be found of service to the busy practitioner of homœopathic medicine. It is not altogether free from absurdities, which we should have been pleased could they have been omitted, but they are such as are inseparable from the homœopathic materia medica, and quite unavoidable in a faithful compilation like this. The author's industry and accuracy do him credit in the pages of this little volume.

A TREATISE ON ALBUMINURIA. Dickinson.

We have heretofore called the attention of our readers to various works published by the firm of Wm. Wood & Co., in their Library of Standard Medical Authors. The plan of this publication, its surprising cheapness and high character is sufficiently familiar.

The present volume is to our mind the best of the series so far issued. One is early impressed on reading its pages with the fact that Dr. Dickinson knows what he is writing about. Unlike the generality of medical works, this is not a compilation; on the other hand, it is not the production of a man with one idea, which he has laboriously padded out to fill a volume. Dr. Dickinson has made the study of kidney diseases a life work, and he writes from his own understanding with an ease and readiness that evidences wide observation and earnest thought. Dr. Dickinson has the rare faculty of telling what he knows gracefully, and in this respect the volume before us rivals Watson's Practice, which we have always looked upon as beyond imitation. Our limits forbid anything like a review of this book; we only call attention to it as a work of unusual merit, on a subject of very general interest.

THE SECOND VOLUME OF THE TRANSACTIONS OF THE WORLD'S HOMŒOPATHIC CONVENTION OF 1876, constituting the HISTORY OF HOMŒOPATHY, has reached completion, and now lies before us. It forms a volume of conspicuous merit.

The general plan of the editor is to trace the lines of the History of Homœopathy for the period A. D. 1794 to A. D. 1876—from the discovery of the "law of similars" by Hahnemann and the establishment of homœopathy in Germany to the time of the World's Convention at Philadelphia—to sketch the condition of the school in all countries of the world, in particular in the United States, the Continental States and in Great Britain, and to describe the origin and movement of forces which have at length resulted in the establishment of homœopathy all over the world.

About two-fifths of the work is devoted to the history of homœopathy in foreign countries, and begins with the founding of

our school by Hahnemann and his pupils. The early history of homœopathy is so intimately connected with the life of Samuel Hahnemann that they cannot be separated. It is a true saying that "great men have the warmest friends and the bitterest enemies." Hahnemann was no exception to this rule, for his enemies were bitter indeed and numerous as well. One would have supposed that searchers after truth would have welcomed him instead of chasing and hunting him as if he were some evil genius or an enemy of mankind. One cannot read without a sense of invigoration the lives of those who have devoted themselves steadily, with a fixed and resolute purpose and with a total abnegation of self, to the welfare of their fellow men.

The remaining three-fifths of the book treats of the history of homœopathy in the United States of America, and is divided into four sections, viz.:

Section I. on historical and statistical report of homœopathy in the United States; Section II. on institutions, including colleges, societies, hospitals and dispensaries; Section III. on legislation, and Section IV. on homœopathic literature of the United States.

The book, however, is not without errors, and contains statements which seem to have been made without investigation as to actual facts. In this respect it is defective as a history. To a certain extent it consists of a collection of articles written by physicians to whom has been assigned the duty of writing a history of homœopathy in their own State or country.

In speaking of Oneida county, N. Y., p. 478, the writer says: "The pioneer in this county was Dr. Erastus Humphreys, who settled in Utica in 1843." Dr. Erastus A. Munger was the pioneer in this county. He graduated at the Jefferson Medical College, Philadelphia, in 1837, and settled in Waterville, Oneida county, the same year. He became a convert to homœopathy in 1838, and practised it from that time until his death, 1880.

The article on Rhode Island, p. 507, begins with the following paragraph: "It is singular that while a liliputian war was raging in the little State of Rhode Island for a removal of a royal statute of George III. of England, * * * homœopathy was introduced, causing no little disturbance among people as well as among the medical profession."

Now, in the first place, this royal statute referred to was not of George the III., but granted by *Charles* the II. of England, and furthermore homœopathy was introduced into the State without disturbance *three* years previous to the "Dorr Rebellion," which occurred in 1842. The same writer, speaking of the city of Providence, says: "Dr. Josiah F. Flagg, who was

induced by Dr. Humphrey to accept homœopathy, practiced here in 1840-41. Dr. P. P. Wells, of Brooklyn, N. Y., having relatives in the city of Providence, often visited here and frequently prescribed for patients, frequently holding consultations with Dr. Gray, of New York."

It is true that Dr. Flagg became a convert to homœopathy, and practiced in Providence, 1840-41, but he practiced *dentistry* and not medicine.

The reference to Dr. Wells is entirely erroneous. He never had any relatives in that city, never prescribed for patients there before he located there in 1841, nor did he ever consult with Dr. Gray.

This writer also credits Dr. A. H. Okie with having written "an excellent monograph on aconit." This is quite wrong. Dr. Okie *translated* Hartmann's Practical Observations on some of of the chief homœopathic remedies in 1841, and translated a second series of the same work in 1846, but wrote no monograph on aconit.

Regarding the Brooklyn maternity, p. 963, we notice the following: "In March, 1873, a nursery was formed for the reception of children, and in October the *first* training-school for nurses in America was legally established." In regard to the priority of the establishment of a training-school for nurses in America, this is a mistake, for a *training-school for nurses was established and chartered* in the New England Hospital for Women and Children, at Boston, Mass., in 1871. Dr. H. Minton is not mentioned at all in connection with the institution, when he really was the *founder* of it, and the name of Dr. W. S. Searle, who was chairman of the medical staff in 1876, is entirely omitted.

Such errors as the above need no comment, for they speak for themselves.

Much has been written about homœopathy and what it has accomplished, yet until now no general summary of what has been done by its followers has been printed in the pages of a book. He who would know what progress has been made will do well to scan the work carefully.

W. W. B.

—World's Homœopathic Convention, 1876, Volume II., History.—We are desired by the editor to state that the above book is completed and has been sent out. If anyone entitled to receive a copy has not done so he will please notify Dr. J. C. Guernsey, 1923 Chestnut street, Philadelphia.

—Homœopathic Med. Soc. of the State of N. Y. The transactions of this society for 1880-81—Vol. xvi—is now ready for delivery. It contains over four hundred pages and includes a

large number of valuable papers upon important subjects, most of them prepared by physicians of eminence in the departments to which they belong. The volume can be had for the small sum of \$1.50—paper cover—or \$2.00 in cloth, on application to Dr. E. S. Coburn, of Troy, N. Y.

—THE ANNALS OF ANATOMY AND SURGERY. With a slight change in its title and under new editorial management, this scholarly journal enters upon its third volume. The numbers received of the current volume fully maintain the high standard established by their predecessors. The paper and typography are all that could be desired, and the contents are of a high order of excellence. Lovers of medical history will appreciate the bibliographical articles from the pen of Dr. Fisher which grace each number.

The Annals are published at 28 Madison St., Brooklyn, N. Y.

RAPID LITHOTRITY, with a report of two cases, by Charles M. Thomas, M. D., Philadelphia. We are in receipt of this interesting pamphlet, and deem it a valuable contribution to a subject now receiving a great deal of attention by the profession.

THE MEDICAL HERALD.—A monthly Journal of Extracts from the current medical literature, special reports, original articles and general clinical news. Editors, Drs. C. H. Goodman and C. W. Taylor, St. Louis, Mo. Successor to the Homœopathic News.

—TRANSACTIONS OF THE AMERICAN INSTITUTE OF HOMŒOPATHY, 1879-1880.—The report for 1879 comprises 696 pages, that for 1880, 738 pages. We can do little more than call the attention of the profession to these reports. The range of subjects is so wide, and the work so extensive, that anything more would be out of the question. We congratulate the American Institute and the profession at large on the steady increase in value of these yearly reports. An increase in value, due not merely to the steady growth in membership of the Institute and consequent augmentation of material, but an advance in the *quality* of papers. We hail with delight such evidence as is here given, that the day is gone by when a "box and a book" constituted the entire stock in trade of the bulk of the distinctively homœopathic practitioner. In each volume the Bureau of Obstetrics and Gynecology make creditable reports. To these we invite the attention of our readers. If you are not already a member of this, the oldest National Medical Association in the country, become so at once, and join your efforts to those who have so creditably worked in the past, and the future will show a still greater ad-

vance. We are opposed to what we deem the short-sighted policy which prevents the publication of reports in the periodicals, until after they appear in the society's transactions, and trust that at no distant day this may be done away with. We are sure such a course would add to the demand for the entire report, and in no way detract from its value.

—A small work on the Homœopathic Therapeutics of Obstetrics, by Dr. S. Seavill, is in press. The profession will also be pleased to learn that Dr. Seavill is busily engaged on a work entitled "Emergencies in Obstetrical Practice." This will make a book of some three or four hundred pages, and will be issued some time during the fall.

THE LAWS OF THERAPEUTICS; OR, THE SCIENCE AND ART OF MEDICINE, by Joseph Kidd, M. D. 12mo., pp. 245. Second edition. London: C. Kegan Paul & Co., 1881.

A review of this interesting book will be printed in our next number.

SOCIETY MATTERS.

—THE INTERNATIONAL HOMŒOPATHIC CONVENTION, 1881.—Dr. Edward Hamilton, of London, has resigned the presidency of the Convention to assemble in London on July 11, 1881, and Dr. Richard Hughes has been appointed in his place. The many American physicians who met Dr. Hughes at the Philadelphia Convention, in 1876, will be glad to see him occupy this position, and those who know the active interest he has exhibited in it from the first, and the amount of work he has already bestowed upon it, as well as his great professional and executive ability, will recognize the fitness of making him its president. The Convention promises to be one of unusual interest and importance, and it will be a favorable time for our American brethren to visit England.

The following letter has been received from Dr. Hughes:

36 STILLWATER ROAD, BRIGHTON, Feb. 5, 1881.

To the Editor of the HOMŒOPATHIC OBSTETRICAL JOURNAL:

DEAR SIR.—I shall be much obliged if you will allow me, through your pages, to bring before our colleagues the following outline of the probable business of the approaching gathering.

On Tuesday, July 12th, after the president's address, the reports from the different committees as to the history of homœopathy for the last five years, and its present condition therein, will be before the meeting, and discussion will be held on the best modes of improving our condition and furthering our cause.

On Wednesday, the 13th, the Institutes of Homœopathy and materia medica form the subject of the day; on Thursday, the 14th, practical medicine and gynæcology; on Friday, the 15th, surgical therapeutics, ophthalmology and otiatries. From the papers under these headings, received or promised, the following topics present themselves for discussion, and have been, provisionally, adopted as a programme:

Wednesday.—1. The selection of the remedy, with special reference to individualization and generalization; 2. Alternation; 3. The relative value of clinical and extra-clinical evidence as to the efficiency of infinitesimal doses.

Thursday.—1. Homœopathy in hyperacute diseases, dysentery, cholera, yellow fever, and in hyperpyrexia; 2. The possibilities of medicine in cancer; 3. The treatment of affections of the os and cervix uteri.

Friday.—1. The treatment of iritis, simple and syphilitic; 2. The place of homœopathic medication in ear diseases.

It will be observed that the subject for discussion under the head of Surgical Therapeutics remains a blank. Upon this branch of our science *we want papers*. It is not so with others. We should not refuse fresh essays, if they were worth accepting; but we have no need to invite them. Our object in publishing the above information is to invite debaters on the various topics. It will be remembered that the essays are not to be read at the meetings, but printed beforehand and furnished to anyone who applies for them with the intention of taking part in the discussion on their subjects. I shall be glad to receive the names of all such as soon as may be convenient, and will see that they receive in good time the papers belonging to the matters they select.

I am yours, very faithfully, for the officers of the Convention,

RICHARD HUGHES, M.D.

—INTERNATIONAL HOMŒOPATHIC CONVENTION.—The undersigned were appointed by the American Institute of Homœopathy a Committee of Arrangements, and respectfully furnish to members the following information:

The next session of the Institute will be held at Brighton Beach, near New York, June 14 to 17, 1881. On Monday July 11, the International Homœopathic Convention will assemble in London, and the members of the Institute are invited to attend as delegates. Our English brethren are making extensive pre

parations for the cordial reception and entertainment of their guests, and the meeting will be one of marked importance in the annals of homœopathy. The committee hope and trust that the invitation so freely extended will be as heartily accepted, and that America will be well represented.

Besides the great interest of the Convention, the excursion will be a most delightful one. Owing to the large numbers that go across in the months of June, the committee have been unable to make specially favorable terms with any one line of steamers, though several have offered a discount from established rates.

They have deemed it best to give early information in regard to all the lines, so that each person can decide and secure at as early a day as possible suitable staterooms, and make for themselves the most satisfactory arrangements.

Every member of the Institute, as soon as he has determined to go, and has secured his passage, is requested to inform the committee, in order that they may communicate with the Committee of Arrangements in London, who will assist (if desired) as far as possible in providing for their comfort there, at a season when London is always crowded.

Very cordially,

I. T. TALBOT, 66 Marlborough St., Boston,

WM. TOD HELMUTH, 299 Madison Ave., New York,

B. W. JAMES, cor. 18th and Green Sts., Philadelphia.

Committee.

THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.—At its annual meeting held at Albany, N. Y., February 9th and 10th, 1881, elected the following list of officers :

President—Selden H. Talcott, M. D., Middletown.

Vice Presidents—J. J. Mitchell, M. D., Newburgh ; A. J. Frantz, M. D., Geneva ; G. W. Peers, M. D., Rochester.

Recording Secretary—A. P. Hollett, M. D., Havana.

Corresponding Secretary—C. E. Jones, M. D., Albany.

Treasurer—E. S. Coburn, M. D., Troy.

Censors—Northern District—Drs. A. W. Holden, C. W. Little and L. A. Clarke. Southern District—Drs. W. M. L. Fiske, J. H. Demarest and C. M. Lawrence. Middle District—Drs. C. E. Smith, M. O. Terry and Geo. B. Palmer. Western District—Drs. W. B. Kenyon, E. H. Hurd and B. F. Williamson.

The following named physicians who were nominated for permanent membership were ballotted for and elected : Drs. Wm. H. White, Joseph Finch, Wm. M. Butler, Jacob S. Phillips, J. J. Peckham, Isaac Miller, E. W. Pryan, B. F. Williamson, H. M. Dayfoot, A. B. Rice and F. Park Lewis.

Elected to honorary membership : Drs. J. P. Dake, W. L.

Breyfogle, Samuel Potter, F. D. Durkee, John C. Budlong and J. H. Gallinger.

Nominated for the Regent's degree: Drs. Charles T. Harris, C. H. Hurd, H. M. Paine, and Goewey.

The semi-annual meeting will be held at Watkin's Glen, September 6th and 7th, 1881. The annual meeting in Albany, on the second Tuesday in February, 1882.

—THE AMERICAN HOMŒOPATHIC OPHTHALMOLOGICAL AND OTOLOGICAL SOCIETY will meet at *Brighton Beach*—and *not* at Long Branch, as announced by circular—on the days of the session of the American Institute of Homœopathy, viz.: June 14th to 17th inclusive. Those desiring information should address the Secretary, Dr. F. Park Lewis, Buffalo, N. Y.

—MASS. SURG. AND GYN. SOCIETY.—Boston, March 8, 1881.—

The annual meeting of this society was held Dec. 1st, President Cate in the chair. The following physicians were elected to membership: E. E. Deem, M. D., Brockton, Mass.; G. H. Sherman, M. D., Boston, Mass.; Geo. E. Percy, M. D., Boston, Mass.; C. H. Rogers, M. D., Lawrence, Mass. Officers for the coming year are: D. B. Whittier, M. D., president; A. J. French, M. D., and A. J. Baker, M. D., vice-presidents; M. G. Houghton, M. D., treasurer; Geo. H. Payne, M. D., secretary. After which the following papers were read: Address by the president. Subject, "Involution and Evolution of the Uterus." "Endometritis" by H. K. Bennett, M. D. "Treatment of retained Placenta" by H. N. Guernsey, M. D., Philadelphia. Displacement of ovaries, by L. A. Phillips, M. D. In the report of clinical cases Dr. Cate spoke at length on the importance of being able to diagnose the position of the child by external manipulation. He reported a case where he diagnosed a cross presentation and illustrated his method of version. Dr. D. B. Whittier reported much improvement in the case of cellulitis reported at last meeting. Dr. H. K. Bennett reported a case of epileptic convulsions, patient a lady 27 years old, that had never menstruated, and had had them since 14 years of age every 28 days; she had a bloody discharge from the ears and nose. A careful examination revealed the uterus normal in size. Dr. Hunter spoke of a similar case that came under his observation where the patient had only a bloody discharge from the bottom of her foot regularly every month. Dr. N. R. Morse gave as a reason that so many women went until the 10th and 11th month of pregnancy, was because they had borne so many children, and in consequence the abdomen became large and pendulous, they naturally throw the shoulders backward, the pelvis forward, which gives the child

unnatural position and causes a wrong presentation and prevents a natural labor. The society voted at this meeting to hold only two sessions a year; they will now be held the second Wednesday in June and December.

GEO. H. PAYNE, M. D., Secretary.

The next meeting of the society will be held the second Wednesday of June.

ABSTRACTS.

—GROWTH OF THE FŒTUS DURING INTRA-UTERINE LIFE.—
M. Hamy (*Le Prog. Méd.*), says: From the moment of conception until the age of two and one-half months the growth of the embryo is in regular progression; it is at this age that the embryo becomes a fœtus. At this moment the size is 22 mins. (.858 ins.). From two months and a half to five months the course is more ascending; from five to nine months more regular. We give the measurements:

3 months.....	59 millimetres (2.301 ins.)
3½ “	95 “
4 “	138 “
5 “	256 “
6 “	314 “
7 “	380 “
8 “	416 “
9 “	485 “ (19.015 ins.)

Mr. Hamy, in continuing his researches in the negro race, where his observations are naturally less numerous, has noticed that the fœtus is always smaller than in the white race. At four months it is 109 mins. (4.251 ins.); at nine months it is 420 mins. (16.380 ins.).

—LILIUM TIGRINUM.—Mrs. E. J., aged 31 years, light complexioned, nervous, easily affected by potentized drugs. Has suffered for some twelve years with pruritus vulvæ. On mucous surface between the labia majora and minora are dry, mealy spots, about the size of lentils, causing intolerable itching; patient is often awakened at night to find herself scratching these spots, and states she feels like tearing away the flesh, the itching seems to be so deep in; is generally worst just after the catamenia. She also complains at times of a watery discharge from the left nostril, coming away a drop at a time and looking like clear

water. An examination shows a spot on the septum of the left nostril similar to the eruption on the vulva. Patient was under my treatment some two years, receiving, without benefit, the following remedies: *Sepia*, *mercurius*, *rhys. tox.*, *psorinum*, *carbo veg.*, *natr. mur.*, *causticum*, the latter medicine, on March 30th, 1876. On May 9th, 1876, my patient said she must have falling of the womb, as it seemed to her as if everything would come out of her privates. She had a great desire to place the hand on the vulva to keep the parts up; the pressure of the hand gave relief. On examination I found a partial prolapsus of the uterus. Gave a dose of *lilium tig.* ³, which afforded relief within a few hours. The next day the uterus was found to be normally situated: on the fourth day the nasal discharge had ceased, and on the seventh day the pruritus was cured.

—**BELLADONNA.**—Helen S., aged 15 years, light-complexioned, plethoric. Has had nasal catarrh since December, 1874, the discharge being thick, yellow and profuse, and attended with considerable dropping from posterior nares, worse after rising; has offensive breath; eyes are agglutinated every morning, and feel as if sand was in them in the evening. I had prescribed *pulsatilla*, which relieved only the eye symptoms, *hydrastis*, *alumina*, *kali bich.*, and *calc. carb.* Each medicine was fairly tried, low and high. She was under *calc. carb.* for six weeks, having taken the last dose two weeks prior to May 15th, 1876, when I was sent for to find her attacked with measles, then prevalent in Philadelphia. The symptoms were as follows: abundant eruption of irregular patches all over the face and body, scarlet-red in color; headache; eyes much injected and watery; earache; sore throat, worse when swallowing liquids; loose cough; increase of fever, with drowsiness every afternoon; restless, yet drowsy, after midnight; awakens startled; can bear neither noise nor light. Prescribed *belladonna* in water a teaspoonful every three hours. All the symptoms were improved next day, and *sac. lac.* given till well. In about a fortnight the chronic nasal catarrh, which up to the time of the eruptive disease had existed at the first, ceased and remains cured. It is well to observe that *belladonna* was planted in a lime soil.—*Dr. Mohr, in the Trans. of the Hom. Med. Soc. of Penn.*

—**AN INTRA-UTERINE FIBROID COMPLICATING LABOR, AND CAUSING UNCERTAIN DIAGNOSIS.**—On December 15th, 1879, a colored woman was delivered of a full-term child by a colored midwife. The placenta being delivered, and the midwife seeing there was something being retained in the uterus, sent for Dr. Barksdale on December 16th.

Dr. Barksdale found the os contracted, but was unable to make

a satisfactory diagnosis. He, being unwell, requested me to see the case on Wednesday evening, December 17th

I found the os still contracted, but I was unable to make a further diagnosis. The patient said she felt the movements of the child distinctly. I found there was some peritonitis; the pulse 120 per minute. On the 18th I requested Dr. Temple, a skilful diagnostician, to accompany me to see the case. He, likewise, found the os contracted, and could by no means enter the uterus to make a positive diagnosis. The woman still said she felt the fetal movements, and the midwife contended that the *child* had changed its position.

After consulting with several eminent physicians, we decided to make an attempt to dilate the os and deliver the *supposed child*. We hesitated about this on account of the severe peritonitis and septicæmia. The latter we thought was indicated by rigors and profuse perspiration. But feeling that something should be done, we proceeded to place the woman under an anæsthetic, and to dilate the os. We found the latter to be impossible.

On December 21st the woman died, and, on the husband consenting, we made a *post-mortem* examination, with the following result: The peritoneum indicated the existence of peritonitis; the uterus gave evidence of severe metritis; and contained in the uterus, and attached to its walls, was an immense fibroid about the size of a man's head, which nearly filled up the cavity.

I make this short and imperfect report of the case on account of its novelty. It seems wonderful that a woman could carry a child to a full term in a uterus filled with such a large and firmly attached tumor.—*Va. Medical Monthly*.

—PELVIC CELLULITIS.—P. Paschal, M.D., (*Gaillard's Medical Journal*, Dec., 1879,) reports from Chihuahua, Mexico, the following case: On the 11th of September, 1877, attended a woman in her seventh labor, which lasted sixteen hours, and was perfectly natural. On the 13th of September at midnight, she had a chill, followed by a fever and severe pains in the lower part of the abdomen, with difficult micturition, and at the expiration of three weeks a tumor could be made out by external palpitation above the pelvic brim, but was too high to be felt, either by vaginal or rectal touch, though repeated attempts to do so were made. On the first of November the abscess ruptured into the rectum, and a few days after into the bladder. The discharge by the rectum continued two months, and from the bladder four months. She got out of bed on the 16th of March, 1878. The menstrual flow returned in April, and was very profuse during the first two periods. Since then she has been in good

health. This case was of necessity left to nature. It was slow and tedious in its course, and may be considered remarkable for the fact that Thomas, quoting from Nonat, says: "That when the collection" of pus in pelvic cellulitis "opens into the intestines and bladder, death is inevitable."—*Exchange*.

—HODGE PESSARY—ITS VALUE—Dr. E. H. Trenholme (London *Obstet. Jour.*, Dec. 1879) from his experience and study of the Hodge pessary, concludes: (1) Various modified it is an efficient and most admirable instrument for sustaining a recto-dislocated uterus, and that to any desired elevation in the pelvis. (2) Even a large pessary, filling and distending the vagina and taking pressure on the floor of the pelvis, can be worn with comfort and ultimate curative results by the proper use of the postural treatment, together with the inflation of the vagina by elevating the floor of the pelvis, while in that position. (3) The curative forces operating upon the uterus are resultants of (a) the elevating power of the pessary; (b) the resisting force of the sacrum; (c) the weight of the uterus, now so high up as to gravitate forward and downward, and (d) the pressure of the abdominal viscera. (4) The vices of flexion and position being overcome, a permanent recovery may be looked for with certainty in from six months to a year from commencement of treatment.—*Obstel. Gazette*.

—CLINICAL OBSERVATIONS ON THE RADICAL TREATMENT OF FIBROID TUMOR OF THE UTERUS.—At the thirty-first annual meeting of the Medical Society of the State of Pennsylvania, Dr. William Goodell presented a paper on the above subject. After mentioning the treatment by ergot, hypodermically or by the mouth, and that by a combination of ergot and chloride of ammonium—which should always be the therapeutic means first employed—the author referred to the surgical treatment.

The tumor may at times be seized with fenestrated forceps which are better than the volsella forceps, and removed by the wire *écraseur*. This is the process of evulsion. When the os is dilated the surgeon may enucleate if the tumor is in a favorable locality for manipulation.

These operations should not be attempted immediately preceding menstruation. If hemorrhage occur during the operative procedure, it may be arrested by vinegar, or even by sulphate of iron—though this is to be avoided when possible. When the tumor is high up and deeply imbedded, the capsule should be incised with Adam's subcutaneous osteotomy saw, and ergot given to cause extrusion. If sloughing occurs, the surgeon must use disinfectant solutions to prevent septicæmia. In a few cases laparotomy is required to give access to the growths, and to give the patient a chance of recovery.—*Med. Rec.* May, 1880

—CHRONIC INVERSION OF THE UTERUS OF FIFTEEN MONTHS' STANDING, REDUCED BY MANIPULATION AND SUSTAINED ELASTIC PRESSURE.—Prof. E. S. Lewis M.D., of the University of Louisiana, reports the following to the *New Orleans Medical and Surgical Journal*:

In the October number of the *New Orleans Medical and Surgical Journal* I reported the successful reduction, by Emmett's method, of a chronic inversion of the uterus of five months' standing. A second case of fifteen months' duration has been in my charge and was successfully treated by manipulation and sustained by elastic pressure. The history is as follows:

Mrs. B., from Lafourche parish, La., naturally healthy and strong, married at eighteen years. She gave birth to a large male child ten months after. The labor was tedious, lasting three days, and was conducted by a black midwife. During the close of the second stage she was directed to sit on two chairs, and in that posture was delivered. She then walked to her bed and immediately the placenta was removed by traction on the cord. Its removal was attended by a frightful hemorrhage which caused syncope. A physician, Dr. D., was sent for, who arrested the flow by tamponing the vagina with rags saturated with vinegar. A slight flow continued which was regarded as not exceeding the ordinary lochial discharge. Her convalescence was tedious. On attempting to rise on the fifteenth day she fainted. When she could stand and walk, she observed a red tumor projecting beyond the vulva, which bled. Another physician, Dr. S., was consulted, who diagnosed a complete inversion. He made no attempt at reduction. Four months later, in company with Dr. S., she came to New Orleans and applied to a competent practitioner for relief. This gentleman attempted reduction by manipulation under chloroform, March 5th, 1879, but without success.

He then introduced a Hodge pessary to retain the uterus in the vagina, which was worn until Jan. 22d, 1880, when she sought my advice. Her condition was good, not anæmic, and her weight 115 pounds, although she gave a history of frequent hemorrhages, profuse at the menstrual epochs, which she passed in bed. Notwithstanding the pessary, the uterus protruded from the vulva in stooping or straining. Vaginal examination, Jan. 22d, 1880, confirmed the diagnosis of complete inversion, and showed the uterus of ordinary size.

Jan. 22, a rubber bag was introduced into the vagina and distended with water, after Tyler Smith's method. Her menstrual period being due, and having the usual symptoms, it was removed the following day. The menses appeared and lasted five days.

Jan 31st the bag was replaced. Feb. 1st, in company with Prof. Elliot and Mr. Bourgeois, to whom I am indebted for the notes in the case, she was injected with a fourth of a grain of morphia and chloroform. The bag was then removed and it was found that the uterus had been pressed between it and the vaginal wall, from its flattened appearance. We then attempted reposition by Emmett's method; but, after an hour and a half's work, found that though the uterus was smaller from the effects of pressure with the fingers only, a part of the cervix was reduced. The bag was again replaced, being removed every second day to cleanse the vagina, and continued until the following Sunday, Feb. 8th, when a second attempt, under chloroform, was made at restoration, but with little gain. With the right hand still in the vagina, pressing the uterus up as far as it could be prudently pushed, the bag was then introduced, pressing it with the left hand along the palmar surface of the right until it reached the fundus.

It was then injected with water, and as it began to distend, the right hand was carefully removed from the vagina, whilst two fingers of the left hand pressed the inferior extremity of the bag up to prevent displacement. The bag was then filled until it became fixed, and did not yield to traction on the rubber tube attached.

Feb. 10th—It was removed, the vagina was out, and the bag returned in the same manner.

Feb. 12th—An examination was made, and the uterus found more than half reduced, the body and fundus within the cervix. The bag was replaced.

Feb. 15th—Sunday, I removed the bag to make a third attempt, under chloroform, but found the uterus completely reduced. With two fingers of my right hand I explored the cavity of the body, and found it perfectly normal.

Feb. 17th—I made a speculum examination, found the uterus measuring $2\frac{3}{4}$ inches in length, and the cervical canal patulous. To stimulate the uterus to contraction, and modify the condition of the mucous membrane, I scrubbed the cavity with Churchill's tincture of iodine.

The two cases I have seen and reduced, have satisfied me that sustained elastic pressure, whether with the bag after Tyler Smith, or with the cup and stem attached by elastic bands to an abdominal belt as practiced by Lawson Tait, is safer, more frequently successful and an economy of labor. In introducing the bag, the uterus should be well pushed up first, otherwise the pressure is but slight upon the fundus, and the bag at the moment of distension, may rise between the vagina and uterus compressing it laterally.—*Obs. Gazette.*

—ABSENCE OF THE UTERUS AND VAGINA ; VICARIOUS MENSTRUATION.—Sarah J. P.—, aged twenty-one years, a pupil-teacher, was admitted on Aug. 15th, 1879. Her general health was good until her seventeenth year, when she commenced to have severe headaches, which came on at regular intervals of a month; they were followed by sickness and epistaxis. These symptoms generally lasted about three days, and as soon as they subsided she would be perfectly well. Four months ago she applied to one of the physicians of the hospital as an out-patient, and was treated for amenorrhœa. She was not aware of any arrest of development, nor was her mother conscious of any irregularity in that respect. The headaches were somewhat relieved by treatment, but in consequence of the amenorrhœa she continued to attend as an out-patient until she was transferred to Mr. Clay.

The patient was rather tall, of light complexion, of ordinary build, and had all the external appearances of a woman of her age. She was of a highly nervous temperament, and was very reserved and bashful. The breasts and the external organs of generation were very well developed. The site of the orifice of the vagina was occupied by a thick membrane, inasmuch as there was perfect continuity of structures from the external urinary meatus to the anus, and no aperture corresponding to a vagina could anywhere be found. A sound was also introduced into the bladder and a finger into the rectum, but the uterus was found to be absent.

Aug. 19th—The patient having been under the influence of chloroform, Mr. Clay made a transverse incision half an inch long in the central line of the thick membrane, and just above the anus. The finger now easily passed about two and a half inches into the loose cellular tissue between the bladder and the rectum, and the uterus was sought for, but in vain. On further exploration, a nodule was felt in the left side of the pelvis, and believed to be an ovary. The artificial opening was plugged with carbolized lint, which was changed daily for three days, after which the opening was kept patulous by passing the finger into it occasionally.

Aug. 31st—Her usual monthly symptoms came on, four weeks exactly having elapsed since the last similar attack. She had severe headache and sickness; there was also a sudden rise of temperature from 99° to 104.6° ; pulse 140. On September 1st, the temperature was 104° ; pulse 152. She had a sharp attack of epistaxis in the night, and constant sickness. In the evening the temperature had fallen to 99.4° , and the patient was comparatively well. The artificial vagina had cicatrised completely when she left the hospital.

The following is a case of absence of uterus and vagina: Ellen R—, aged eighteen years, machinist, was admitted on Sept. 15th, 1879. She had never menstruated. She had enjoyed good health until six months previous when she began to suffer from headache, with pains in the back and abdomen. These symptoms were more marked at monthly intervals, when she had various hysterical phenomena. There was no vicarious discharge. The breasts and external organs of generation were remarkably well developed. The most careful examination by the rectum and bladder failed to discover either uterus or vagina. As in the previous case, there was no vaginal aperture. No surgical treatment was adopted.—*London Lancet*.

NEWS AND ITEMS.

NEW OBSTETRIC POSITION.—All obstetricians are probably familiar not only with right, left and dorsal positions of the moderns; but also with the knee, the knee-elbow, the chair, the stool and the tub or trough of the ancients. Until lately I have never seen a lady lie flat upon her belly during delivery—provided that position in labor at term could be designated as flat. About Jan. 1, 1881, Mrs. L.—a fine, tall, stout lady, weighing 175 lbs., summoned me hastily. This, I had some months previously been informed, was her second pregnancy. She was first well attended by Dr. Fanning of Tarrytown, N. Y. As I entered the room I saw unmistakable evidences of a speedy termination of labor and told her to lie in bed at once. She rather threw herself across the bed, flat upon her face and stomach with lower legs extending from the bed. I endeavored to assist her into my usual dorsal position, but she said no, that Dr. Fanning delivered her so and I must. In two minutes and while in this position I delivered her of a 9 1-2 lb boy.

—**EARLY DROPPING OF THE NAVEL CORD.**—The baby just alluded to, had nothing unusual, apparently, in regard to size or nature of the funis. It was cut, as usual, without ligature when pulsation had nearly ceased and dressed in cotton batting as is my custom. The cord “dropped” and the navel was perfectly healed in *forty-eight hours*.

—I notice the advertisement of PLATT'S CHLORIDES in THE HOMOEOPATHIC JOURNAL OF OBSTETRICS, for Feb., for the first time, and now point out a few of its virtues for the benefit of the profession. Perhaps no one, with a strictly select practice,

can speak more authoritatively in favor of this new disinfectant than I. Perhaps, again, it were enough to say that the chlorides is just what is recommended to be. Not only in exanthematous diseases where, besides from dejections, the air becomes very unpleasant, if not poisonous, from the exhalations from the body, is it invaluable; but in obstetric practice is it equally serviceable. In all confinements, with the best of care, there is necessarily a good deal of offensive air under the bed-covers which is not due to offensive lochia but to perfectly normal discharges and perspiration both of which are so profuse during the lying-in period. This effluvia is as unpleasant to the lady herself as to her physician and attendants. Then some of our physicians are in the habit of using carbolyzed water injections for offensive the lochia. For all these conditions let me urge the profession to make free use of Platt's Chlorides. For injections, at first, use only one part to thirty of water. The strength can be easily modified to suit the circumstances. For simply purifying the room or bed, I saturate a towel with undiluted chlorides and hang about the room or spread between the sheets and resaturate when evaporation is complete. It is very effectual. The use of carbolic acid is very much like covering one vile odor with another. The chlorides *wipes it out*. The fact of its being odorless should of itself recommend it to our school of medicine. It gives perfect satisfaction to the better class of citizens, where like Homœopathy it finds its strongest support.

A. M. PIERSONS, M. D.

—COMMENCEMENT.—The 21st annual commencement of the New York Homœopathic Medical College was held on Thursday evening March 3d, at Chickering Hall, a brilliant audience filled the room. Fifty-three members of the graduating class received degrees, and the *ad eundem* degree was conferred on Prof. G. F. Andrews, M. D., of the Iowa University.

Mr. Salem H. Wales, the president of the Board of Trustees, presided and conferred the degree of M. D. upon the graduates. Professor Dowling delivered the introductory address.

The valedictory on behalf of the graduates was delivered by B. S. Keator, M. D., and the annual commencement address was read by Rev. Dr. Colyer.

Prizes were presented to the following graduates:

"Faculty Prize" for the highest standing in all departments—a complete set of "Ziemssen's Cyclopædia of the Practice of Medicine"—to Chester A. Mayer, of Buffalo, N. Y.

For the second standing—a minor operating case—to Samuel W. Clark, Jr., of Philadelphia.

For the highest proficiency in all the junior studies—Helmuth pocket case—to A. J. Warner, of Watkins, N. Y.

The following gentlemen received honorable mention :—C. A. Groves, of Bradford, Pa. ; E. T. Horton, of Pultney, Vt. ; E. J. Pratt, of Yarmouth, Me. ; W. J. Shrewsbury, of Brooklyn, N. Y., and E. H. Walcott, of Rochester, N. Y.

—AFRICAN MEDICAL COLLEGE DIPLOMA.—A colored man who gave his name as Dr. Delaney, and who said that he was ninety-nine years old, called at the County Clerk's office at Newark, and asked to have the following document recorded in compliance with the law of New Jersey, requiring physicians to file copies of their diplomas with the clerks of counties in which they live :

"SIERRA LEONE, Africa, 1806.—I hereby set my hand and seal in this year of our Lord eighteen hundred and six to write a diploma according to our rules and methods ; this is granted to Dr. Delaney after going to school from seven (7) years old until twenty one (21) then studied in Mondigo Herb College five years ; this diploma was granted on him being a competent herb doctor ; this is granted by the college and signed by the Board of Health of the Mondigo tribe.

(Signed,)

Dr. IVISON BURKE,
Dr. GEO WASHINGTON,
Dr. SIDNEY SNYDER.

Dr. Delaney is now permitted to go in any part of this county, or any other county, to practice.

PETER HUANTY,

Clerk of the Mondigo College."

The document was written on elephant's skin, and had five United States postage stamps on it for seals. The applicant was referred to the secretary of the Essex County Medical Society.

"THE ORGANON" SUSPENDED.—Dr. Skinner issues the following note to subscribers, dated Liverpool, January, 1881 :—

"It is with extreme regret that the editor announces the abrupt termination of *The Organon*. He has long devoted to its pages much time and attention, and finding it impossible any longer to do so without serious risk to his health and interference with other duties, he has determined to relinquish all interest in the undertaking. He feels that some apology is due for having raised the expectation of the public by issuing the first part of a new volume, but he has desired the publisher to return the full amount of all the subscriptions already received, and thus issues the first part without charge."

—PHYSIOLOGY AND FICTION.—Dr. W. A. Hammond's daughter has written a novel, to be published by Putnam, the plot of which is based on the facts of "double-consciousness."—*Med. Rec.*

SEA-SICKNESS.—To the physicians who contemplate attending the “International Homœopathic Convention” to be held in London, next summer, we would commend the following precautionary advice from *Regimen Sanitatis Salernitanum* :

Sea-sickness its full gripe on none will fix,
Who wisely with their wine salt water mix,
And to each threatened qualm this draught prefix.

—**MEDICAL ETIQUETTE.**—A fierce dispute has been raging in the British papers respecting Sir William Jenner’s refusal to meet Dr. Kidd, because the latter is suspected of treating Lord Beaconsfield homœopathically. Dr. Kidd seems to have been ungraciously treated by the orthodox allopaths, but bore himself in a gentlemanly professional manner.

COMPARATIVE MATERIA MEDICA : When e’er I meet a maiden fair, with sky-blue eyes and auburn hair, inclined to grief, submissive, kind. *I Pulsatilla* call to mind. But when I see a dark brunette, with flashing eyes, and head erect, imperious will, and unchaste voice, *Platina* then would be my choice.

—According to the *Paris National*, the journals of Lerida—Spain, announce that the curé of Seudomi has declared from the pulpit that any sick person belonging to his parish who tried to cure himself by homœopathy would in case of death be refused the rites of the church.

—**DR. LOVE**, President of the French Homœopathic Society, has received the Legion of Honor, a triumph for homœopathy which has created no little irritation in the opposite camps. Dr. Love is of British extraction.

—**THE ANTI-VIVISECTION BILL** of Mr. Bergh to prohibit experiments on animals, which was introduced into the New York Legislature during the present session, has been “killed”—a fate which it justly deserves.

—The Brooklyn Homœopathic Hospital has a well equipped ambulance service which provides a large number of accident cases, which greatly adds to its facilities for clinical instruction.

—**DR. S. P. BURDICK** has removed to his new residence 37 West 42nd St., opposite Reservoir Square, N. Y.

—**DR. WALTER Y. COWL** has removed from 18 East 24th St., to 36 West 21st St., New York City.

—**S. LILIENTHAL, M. D.** has removed from 230 West 25th St., to 228 West 34th St., New York.

Homœopathic Journal of Obstetrics

AND

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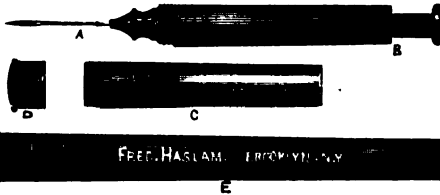
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II
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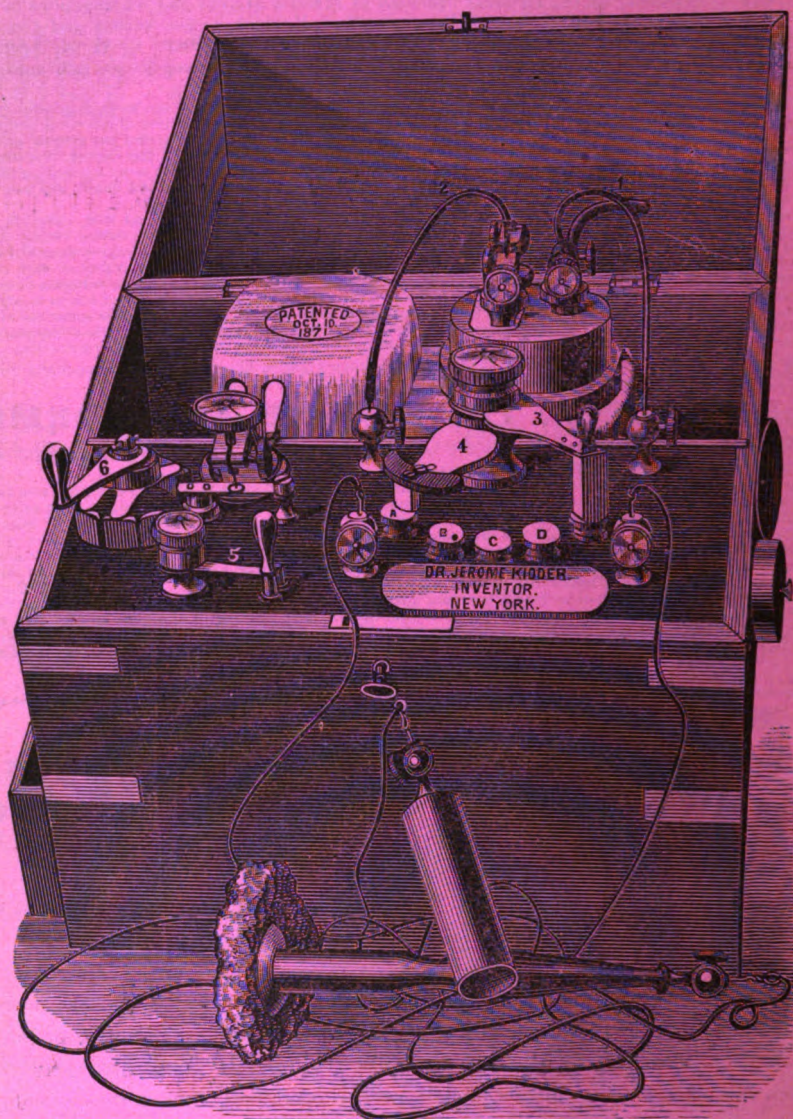
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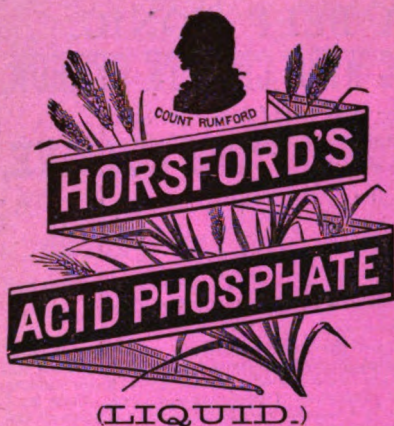
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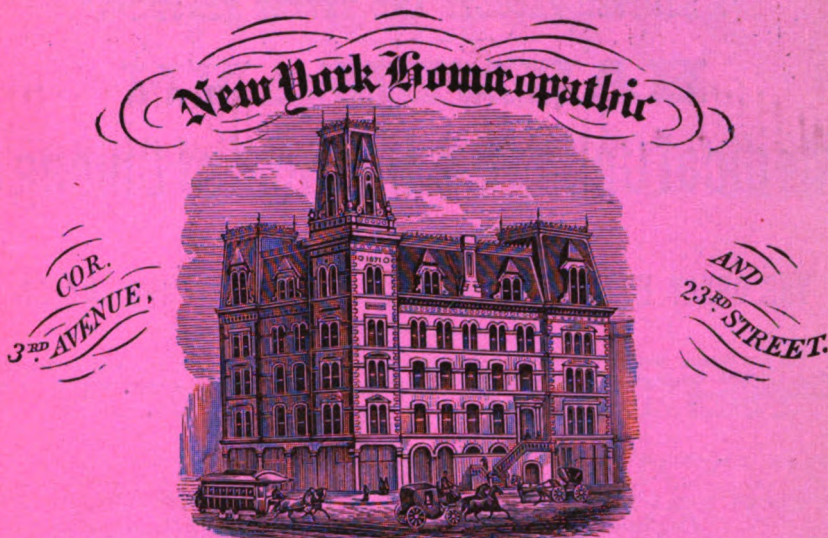
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